FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P93000059418 (2) DOCUMENT

Principal Place of Business	Mailing Address	
145 E FLAGLER A-2 MIAMI FL 33131 US	145 E. FLAGLER Suite C-7 Miami FL 33131	

FILED May 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/20/1993 Applied For 65-0476972 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6, Election Campaign Financing \$5.00 May Be FL. MIAMI Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This corporation owes or has paid the current year Intangible 33131 us ☐ Yes Personal Property Tax due June 30. 29 30 g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GOLD, SALOMON 145 E. FLAGLER 82 Street Address (P.O. Box Number is Not Acceptable) SUITE C-7 83 MIAMI FL 33131 84 City Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. s/board of directors hereby accept the appointment as registered Alomon Gold Registered Agent signa OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. □ DELETE Change Addition TITLE 1.1 TITLE GOLD, SALOMON NAME 1.2 NAME 145 E FLAGLER SUITE C7 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33131** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS 2 4 City-ST-ZiP CITY-ST-ZIP DELETE Change ___ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 30TE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CDY-ST-7IP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CiTY - ST - ZiP

14. Thereby certify that the information supplied with this filling di-indicated on this annual report or supplemental annual repor-officer or director of the corporation or the receiver of trustee es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attack