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

DOCUMENT # P93000060579 (8)

1. Corporation 925 ER		STIMENT, INC.		(0)					
Principal Place	e of Busines	as	Mailing Address	à	-) 40 	- Piu luii isei
9800 SW 35TI			P.O. BOX 83-03				İ		
MIAMI FL 331	165		MIAMI FL 33183	3			DO NOT WRITE IN THIS	CDACE	
			US				3. Date Incorporated or Qualified	SPACE	
				_	_		08/30/1993		
2. Principal Pi	tace of Busin	ness	2a. Mailing Addr	ess			4. FEI Number		pplied For
21			26				65-0443862		ot Applicable
Suite, Apt. (#, etc.	- -	Suite, Apt. #,	, etc.	_		Certificate of Status Desired		Additional equired
City & State	A		City & State				6. Election Campaign Financing		May Be
23	,		28				Trust Fund Contribution		May Be to Fees
Zip		Country	Zip		Country		8. This corporation owes or has paid the cu	rrent year int	tangibie
24		25	29	30	<u></u> [ر		Personal Property Tax due June 30.	Yes [] No
			Current Registered Agent				10. Name and Address of New Registered	Agent	
	JRO, THOM				81	Name			
	00 SW 35T				82	Street Add	fress (P.O. Box Number is Not Acceptable)		
Mix	iami FL 331	165			63	i			
					84			1=1 7in	7-4-
					ادم	City	FL	85 Zip	Code
office or re agent. I an SIGNATURE	registered ag im familiar wi	gent, or both, in the t vith, and accept the o	07.0502 and 607 1508, Florid State of Florida Such chan by obligations of, Section 607, wred agent and title if applicable	nge was auth '.0505, Florida	horized by da Statutes	the corporal	poration submits this statement for the purpose o stion's board of directors. I hereby accept the appured when reinstating? DATE	f changing it pointment as	ts registered registered
12.			RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	1S IN 12
TITLE	P		Dr	ELETE	1.1 TITLE			Change	Addition
NAME	MURO, THOMAS			7	1.2 NAME	J			
STREET ADDRESS				7	1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL				1.4 CITY - ST	A-ZIP			
TITLE	VP		U	PELETE	2.1 TITLE			Change	Addition
NAME		, GEORGINA		7	2.2 NAME				
STREET ADDRESS		SW 35TH TERR.		,	2.3 STREET				
CITY-ST-ZIP	MIAMI F	<u>FL</u>	Пг		2.4 CITY-S	ST-ZIP		10500	A deligan
TITLE	1		ᆫᇄ	ELETE	3.1 TITLE			☐ Change	Addition
NAME STREET ADDRESS	I			,	3.2 NAME				
STREET ADDRESS CITY-ST-ZIP	l .			,	3.3 STREET / 3.4. CITY - 5				
TITLE		☐ DELETE		FLETE	4.1 TITLE	/I-zir		Change	Addition
NAME			-	· ·	4.2 NAME	l			
STREET ADDRESS	1			,	4.3 STREET	1			
CITY-ST-ZIP	(. <u></u>			4.4 CITY-ST			<u></u>	= <u>-i</u> _
TITLE			Ω'	ELETE				Change	Addition
NAME	1			,	5.2 NAME				
STREET ADDRESS	1			•	5.3 STREET	ADDRESS			
CITY-ST-ZIP	1				5.4 CITY-ST	T-ZIP			
TITLE	ĺ			ELETE	6.1 TITLE			Change	Addition
NAME	1			, , , , , , , , , , , , , , , , , , ,	6.2 NAME	ļ			
STREET ADDRESS	ı			7	6.3 STREET	ADDRESS			

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered 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 op an attachment with an address.

SIGNATURE:

FIND THOMAS MURO 2-2-198

223-6016

FILED

Mar 04 1998 8:00am

Secretary of State