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 # P93000063524 (1)

AMERICA TODAY, INC.

FILED Jan 15 1998 8:00am Secretary of State



						FRÍÐ DRÍÐ Í ÍSJUÐ BILLU FLÓÐI ÐÁÐI LÆÐI
Principal Place of Business Mailing Address				1 10011001 114 18388 (11)1 88131 88131 48111 81		
330 W RIVO		330 W RIVO ALTO DR	•			
MIAMI BEACH FL 33139		MIAMI BEACH FL 3313	MIAMI BEACH FL 33139		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
5 D 1	15				09/13/1993	
_ ·	Place of Business	2a. Mailing Address			4. FEI Number	Applied for
Sulte, Apt.	# etc.	Suite, Apt. #, etc.			65-0439393	Not Applicable
22		 	7		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
		28	£B		Trust Fund Contribution	Added to Fees
Zip Country		Zip	Zip Country		8. This corporation owes or has paid the current year Intangible	
24	9, Name and Address of Currer	29	30		Personal Property Tax due June 30.	Yes No
10		u negistereo Agent		1 Name	10. Name and Address of New Regist	ered Agent
	DERMAN, ROBERT 70 MADRUGA					
	E 311		8	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
	RAL GABLES FL 33146		ã	3		
			. 8	4 City		OF Zin Code
				1 1	orporation submits this statement for the purporation's board of directors. I hereby accept the	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered age OFFICERS ANI		OII Registereo A	gent signature rec	julied when reinstating) 0 ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	☐ DELFT E	1.1 1111.1		ADDITIONAJOHANALO TO OFFICERO	Change Addition
NAME	GRAHAM, THOMAS		1.2 NAM(
STREET ADDRESS	330 W RIVO ALTO DR		1.3 STRE	TADDRESS		
CITY-ST-ZIP TITLE	MIAMI BEACH FL 33139	T recent	1.4 CHY	ST-ZIP		
NAME		[_] DELETE	2 1 THILE 2 2 NAME			L Change Addition
STREET ADDRESS			•	1 ADDRESS		
CITY-ST-ZIP			2.4 CHY			
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3 2 NAME			
STREET ADDRESS				T ADDHESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY	· ST - ZIP		Chance
NAME		[] OTTER	4 1 TITLE 4 2 NAMI			Change Addition
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	1		
TITLE		DELFTE	5 1 TITLE			Change Addition
NAME			5.2 NAME			!
STREET ADDRESS			5.3 STREE	1 ADDRESS		
CITY-ST-ZIP		Litter	5.4 CITY -	S1 - 20°		
TITLE NAME		DECETE	6.1 1(1)(E 6.2 NAME	-		Change Addition
STREET ADDRESS				1 AOORESS		
CITY-ST-ZIP			6.3 STREE			
40 15	- and that was the first of the state of the		0 7 01 1 1 -	VI 1"		

I hereby 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 a curate 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 of the receiver of trustee empoweded 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 attachment with an address