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**

P93000064202 (3) **DOCUMENT** #

PRODUCT FINDERS, INC.

Principal Place of Business

NAME

STREET ADDRESS

Mailing Address

FILED

98 APR 24 PM 1:52

SECRETARY OF STATE TALLAHASSEE, FLORIDA



6043 N.W. 10 SUITE A-2 HIALEAH FL	67TH STREET 33015	6043 N.W. 1 Suite A-2 Hialeah Fl	. 33015				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/15/1993	
2. Principal P	Place of Business	2a. Mailing A	Mailing Address				4. FEI Number Applied For	
21		26	26				65-0436972 Not Applica	
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.				CO 75 Additional	
22		27	27				5. Certificate of Status Desired Fee Required	
City & Stat	ө	City & Sta	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28	28				Trust Fund Contribution Added to Fees	
Zip	p Country		Zip Country			8. This corporation owes or has paid the current year Intangible		
24	25	29	[30			Personal Property Tax due June 30. Yes No	
	g, Name and Address of Curren	t Registered Age	nt			, , ,	10. Name and Address of New Registered Agent	
AN	MERILAWYER, CHARTERED			81	1 1	Name		
343 ALMERIA AVE				82 Street Ad		Street Addres	ss (P.O. Box Number is Not Acceptable)	
CC	DRAL GABLES FL 33134				' `	Street Address	ss (F.O. box Nomber is Not Acceptable)	
				83	3	~~~		
				_	٠,			
				84	' l '	City	FI 85 Zip Code	
OTHER OF I	egistered agent, or both, in the State in familiar with, and accept the obligation of the state	of Florida. Such a ations of, Section 6	hange was au 607.05 05 , Flor	ithorized b ida Statule	y thes.	ne corporation	oration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registered when reinstating) DATE	ва Э
12.	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD		DELETE	1.1 THILE			Change Addit	tion
NAME	SP ERWER, ERIC F.E.			1.2 NAME				- 1
STREET ADDRESS	6175 N.W. 186TH STREET, #	204	1.3 STREET ADDRESS		DRESS		-	
CITY-ST-ZIP	HIALEAH FL 33015			1.4 CITY-	ST-Z	ZIP		
TITLE	10		DELETE	2.1 TITLE			Change Addi	ion
NAME	S PERWER, LIGIA M		2.2 M		2.2 NAME		4 000002502614553	,
STREET ADDRESS 6175 N.W. 188TH STREET, #204			2.3 STREET ADDRESS		ORESS	40000250261°4°3 -04/28/9801054006 ****150.00 ****150.00	- 1	
CITY-ST-ZIP	HIALEAH FL 33015			2. 4 CITY-			****15U.UU ****15U.UU	ĺ
TITLE	8		DELETE	3.1 TITLE			☐ Change ☐ Addil	ion
NAME	SPERWER, TANYA A			3.2 NAME				
STREET ADDRESS	6175 N.W. 186TH ST., #204			3.3 STREE		ORESS		
CITY-ST-ZIP	HIALEAH FL 33015			3.4. CITY-				
TITLE			DELETE	4.1 TITLE	31-2	Lir	Change Addit	inn
NAME	l		-	4. 2 NAME				·
STREET ADDRESS				4.3 STREE		DRESS		ļ
CITY-ST-ZIP				4.4 CiTY-				
TITLE			DELETE	5.1 TITLE	01-L	Ж	☐ Change ☐ Addit	ion
NAME				5.2 NAME			יבין אטטוני בין אטטוני בין אטטוני	1011
STREET ADDRESS						ppcoc		
				5.3 STREE			^	
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - I	51 - Z	P	Change (CV Add	Ð
TITLE.			PLLLIL	m D. I HILL			I LUNADOR JULI SONO POR LICENSE POR LICENS	-

CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. 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 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 pame appears in Block 12 or Block 13 if changed, or or) an attachment with an address.

6.2 NAME

6.3 STREET ADDRESS