## 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

## **FILED** May 06 1998 8:00am Secretary of State

1. Corporation	IVI⊏IVI n Name	# 493	000070	389 (U)								
	ANDRES			• ,								
, 25,10		· · · · · · ·										
Principal Place	g Address					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
1114 SOUTH CORAL GABL				1114 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146								
U\$	.20 12 00140		ÜS					DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified				
A Bringlant D			1 %- 14	III a A dalahara				10/11/1993		-1:	<del></del>	
2, Principal P	BOO OF BUSH	iess	<b>├</b>	2a, Mailing Address				4. FEI Number Applied For 65-0441000 Not Applica				
Suite, Apt.	#. etc.		<b>[26]</b>	Suite, Apt. #, etc.					\$8		dditional	
22			27	27				5. Certificate of Status Desired			quired	
City & State	0		Cit	City & State				6. Election Campaign Financing	\$5	.00	May Be	
23			28	<u> </u>				Trust Fund Contribution			o Fees	
Zip		Country	— <u> </u>	Zip Cour				8. This corporation owes or has paid the current year Intangible				
24	9. Name	and Address of	29 Current Registere					Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent				
CA	NAL, JOSE					1 Na	me	io mile treatable of these Hollies				
	890 SW 8T				<u> </u>	2 St	root Addre	ess (P.O. Box Number is Not Acceptable)				
	ITE 101							sss (F.O. BOX Number is Not Acceptable)		_	_	
MIA	AMI FL 331	84			8	3						
					8	4 Cit	ty		<b>—.</b> 85	Zip C	ode	
44 5			07.01.00	1000 51 13- 6		Д			FL  °°			
office or r	to the provis egistered ag	ions or Sections t jent, or both, in th	e State of Florida.	Such change was	ies, the abo	by the	med corpo corporation	oration submits this statement for the purpo on's board of directors. I hereby accept the	se of chang appointme	ntas i	registered registered	
	m <b>tan</b> iillar wi	ith, and accept in	e onligations of, St	ection 607.0505, FI	orida Statu	es.					Ì	
SIGNATURE	Signature, typod	or brinted name of righ	stored agent and life if ap	phoable (NO	IE Registered A	gon; sig	nature require	d when reinstating) DA	NTÉ		<del></del> ]	
12,		OFFICE	RS AND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS				
TITLE	DIAZ, PEDRO A					1.1 TITLE			∐ Ch	ange	Addition	
NAME STREET ADDRESS		edro a Ncoln RD, ap	T 1004			1.2 NAME 1.3 STREET ADDRESS		·			]	
CITY-ST-ZIP		BEACH FL	1 1004	1.4								
TITLE	1444 4771			DELETE	21 1111				☐ Ch	ange	Addition	
NAME					2.2 NAM	E	i					
STREET ADDRESS					2.3 STRE	ET ADDR	iess				İ	
CITY-ST-ZIP					2. 4 CITY		<u>`</u>					
TITLE				DELETE	3.1 TITLI				∐ Ch	ange	☐ Addition	
NAME STREET ADDRESS					3.2 NAM	e Et addr	E66				1	
CITY-ST-ZIP						ET ADDK '-ST-ZIF						
TITLE				DELETE	4.1 TITLE				Ch	ange	Addition	
NAME					4. 2 NAM	lí.						
STREET ADDRESS					4.3 STRE	ET ADDR	ESS				,	
CITY-ST-ZIP					4.4 CITY			· —				
TITLE				DELETE	5.1 TITLE		ļ		L Ch	ange	Addition	
NAME OTHER ADDRESS					5.2 NAM 5.3 STRE						ł	
STREET ADDRESS CITY-ST-ZIP						et addr -st-zip					į	
TITLE		<del></del>		DELETE	6.1 TITLE				☐ Ch	ange	Addition	
NAME					6.2 NAM	E	1			•		
STREET ADDRESS					6.3 STRE	ET ADDR	ESS					
CITY-ST-ZIP			<b></b>	<u>-</u>	6.4 CITY							
14. I hereby c	ertify that th	e information sup	ofied with this filing	i does not qualify f	or the exem	notion	stated in S	Section 119.07(3)(i), Florida Statutes. I furth	er certify th	at the	information 1	

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 118.07(3)(i), Florida statutes. I further definity that the information in this 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 of the receiver or trustee embowered 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 arrachment with an abarties.

SIGNATURE: