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

Mailing Address

3350 SW 27TH AVE

ONE GROVE VILLA

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

COCONUT GROVE FL 33133

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400000055 (1)

Country

9. Name and Address of Current Registered Agent

MLR PRINTING, INC.

Principal Place of Business

COCONUT GROVE FL 33133

2. Principal Place of Business

SILVER, SCOTT A ONE GROVE VILLA

3350 SW 27TH AVE

COCONUT GROVE FL 33133

Suite, Apt. #, etc.

City & State

23

24

Zip

3350 SW 27TH AVE

ONE GROVE VILLA

	Secreta:		
	DO NOT WRITE		
2	Date Incorporated or Qualified	 - ACL	
-	12/20/1993		
4.	FEI Number	 7	Applied For
	65-0465167	 · ·	Vot Applicable
5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
5.	Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
9.	This corporation owes or has pa Personal Property Tax due June	current year I	ntangible No

10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

84 City FL 85 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's board of directors. I hereby accept the appointment as registered

Country

81

82

В3

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, typod or protest name of registered agent and tien it applicable (NOTE: Registered Agent's gnature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D DELETE	1.1 TITLE	Change Addition				
NAME	TIAPAGO, MARCO	1.2 NAME					
STREET ADDRESS	ONE GROVE VILLA / 3350 SW 27TH AVE	1.3 STREET ADDRESS					
CITY-ST-ZIP	COCONUT GROVE FL	1.4 CITY - ST - ZIP					
TITLE	DELETE	2.1 TITLE	Change Addition				
NAME		2 2 NAME					
STREET ADDRESS		2.3 STREET ADDRESS	****				
CITY-ST-ZIP		2. 4 CITY-ST-ZIP					
TITLE	DELETE	3.1 TITLE	Change Addition				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		34. CITY-ST-ZIP					
TITLE	DELETE	4.1 TITLE	Change Addition				
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY - ST - ZIP					
TITLE	DELETE	51 TITLE	Change Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	DELETE	6.1 TITI.E	☐ Change ☐ Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.9 STREET ADDRESS					
CITY-ST-7IP		64 City-St-7/P					

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 on an attachment with an address.

4-20-98

CHZE034 (10/97)