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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 11 1998 8:00am

Secretary of State

Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400001898 (3)

AZTEC CAPITAL CORPORATION

_																	
Principal Place of Business					Mailing Address						* 155.1561 116 16111 61611 66111 66111 661	44 44.4		14.4. 16.	1881		
	% WILLIAM J BROWN ESO					% WILLIAM J BROWN ESO											
777 BRICKELL AVE MIAMI FL 33131						777 BRICKELL AVE MIAMI FL 33131						DO NOT WRITE IN THIS SPACE					
minmi IL 00101					'	MICHMI FE 33(3)						3. Date Incorporated or Qualified					
													01/07/1994				
2.	2. Principal Place of Business					2a. Mailing Address						FEI Number			Applied	For	
21]					26						l	65-0476973		-		plicable
ļ	Suite, Apt. #, etc.					Suite, Apt. #, etc.						<u> </u>			\$8.75		
22	2					27					5.	Certificate of Status Desired			Require		
l	City & State				E	City & State					6.	Election Campaign Financing		\$5.0	0 May	Be	
23	<u> </u>				28	28							Trust Fund Contribution			d to Fe	
l	Zip	_		Country		Zip		Co	untry	,		8.	This corporation owes or has pa	id the curr	ent year	Intangit	ole
24				29								Personal Property Tax due June 30. Yes No					
g, Name and Address of Current Registered Agent									-			10.	Name and Address of New Re	gistered A	\gent		
		own, Will		-					81	Name							
777 BRICKELL AVE										Street	Addres	s (P.	O. Box Number is Not Acceptab	le)			
SUITE 1114																	
MIAMI FL 33131																	
									84	City			· · · · · · · · · · · · · · · · · · ·	F-1	85 Zi	p Code	•
dd Dunnal ta the annial and Continue Con order and Continue Contin										<u> </u>				FL	بلل		
''	 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab office or registered agent, or both, in the State of Florida. Such change was authorized 											ration n's bo	i submits this statement for the p pard of directors. I hereby accep	urpose or it the appo	cnanging pintment a	ıts regis Riger ar	tered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.															•		
SI	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.											u han r	(alastatica)	DATE			i
12. OFFICERS AND DIRECTORS 13.										an signature	requireo		DDITIONS/CHANGES TO OFFIC		DIRECTO	DRS IN	12
TIT		Ď					DELETE	_	IITLE		T		201110110101111111111111111111111111111		x Change		Addition
NA	ME .	Z UR, RA	FAE	L					NAME					·			
1	STREET ADDRESS 1780 NW 127 WAY			1.3 9			1.3 STREET ADDRESS 176			1	NW 124 Way						
	CITY-ST-ZIP CORAL SPRINGS FL			1.4 C			XTY-S		Coral Springs, FL 33			1					
TIT							DELETE		ITLE						Change		Addition
NAJ	ME							2.2	AME					·			
STREET ADDRESS				2.3 ST			2.3 STREET ADDRESS										
CITY-ST-ZIP					2.4 C				ST-ZIP								
TITLE						DELETE 3.1 TI									Change		Addition
NAME					3.2 NA				? NAME								
STREET ADDRESS				3.3 ST			3.3 STREET ADDRESS										
CIT	Y-ST-ZIP							3.4.	CITY - S	T-ZIP							ľ
TITL	.E						DELETE	4.1 1	ITLE						Change		Addition
NAA	AE							4. 2	NAME								
STR	EET ADDRESS							4.3 9	TREET	ADDRESS							
CIT	r-ST-ZIP							4.4 0	ITY-S	T-ZIP							
TITL	.E	<u> </u>					DELETE	5.1 7	ITLE					1	Change		Addition
NAME							5.2 NAI			Æ [
¢T0	CET ADDRESS							520	TDCCT	ADDDECC	l						l

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 conformation in the receiver of uslee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 (i changed, or or) an attachded with 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 in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(iii) in Section 119.07(3)(iii) in Section 119.07(3)(iiii) in Section 119.07(3)(iiiii) in Section 119.07(3)(iiiiiiiii) in Section 119.07(3

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE