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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## P9400003253 (9)

G.J. S/	ANCHEZ, P.E., P.A.						
Principal Place of Business Mailing Address							
3301 MONEGRO ST.  CORAL GABLES FL 33134  3301 MONEGRO ST.  CORAL GABLES FL 33134						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
<del></del>			· · · · · · · · · · · · · · · · · · ·			01/13/1994	
	Place of Business	}n ~ ~	a. Mailing Address			4. FEI Number Applied For	
Suite, Apt.	# otc	26 Suite Apl	Suite, Apt. #, etc.			65-0464951   Not Applicable   \$8.75 Additional	
22	#, dic.	27				5. Certificate of Status Desired Fee Required	
City & Stat	ne	·	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28]				Trust Fund Contribution Added to Fees	
Zip	Country	Zip		Country	/	8. This corporation owes or has paid the current year Intangible	
24	25	[29]	30	ᆜ		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Cu	nueur Hebizreten Waei	11	B1	Name	10. Name and Address of New Registered Agent	
5A	NCHEZ, GONZALO J 01 MONERGO STREET			82			
	AMI FL 33134				Street	Address (P.O. Box Number is Not Acceptable)	
44115	TAILL F DO TO T			83			
				84	City	85 Zip Code	
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida.</li> </ol>							
SIGNATURE	Stignature, typied or printed name of registeri	nd agent and title it applicable.		legistered Ag		required when reinstaling) DATE	
12.	OFFICERS AND DIRECTORS  DELETE		DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	
NAME	SANCHEZ, GONZALO J	Carpal		1.2 NAME		J Olango E (Astron	
STREET ADDRESS	3301 MONEGRO ST.			1.3 STREET	ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 3313	4		1.4 CITY- S	ST-ZIP		
TITLE			DELETE	21 TITLE		Change Addition	
NAME				22 NAME			
STREET ADDRESS				2.3 STREET		·	
CITY-ST-ZIP TITLE			2 4 CITY- 3 1 TITLE	SI-ZIP	Change Addition		
NAME			3.2 NAME		The country of the production		
STREET ADDRESS				3.3 STREET	ADDRESS		
CITY-ST-ZIP				3.4. CITY-	ST-ZIP		
TITLE	DELETE		DELETE	4.1 Tetle		Change Addition	
NAME				4. 2 NAME			
STREET ADDRESS			•	4.3 STREET			
CITY-ST-ZIP TITLE			4.4 CITY-5 5.1 TITLE	T•ZIP	Change Addition		
NAME			,	5.1 HILE 5.2 NAME		- Commyo - Notition	
STREET ADDRESS				5 3 STREET	ADDRESS		
CITY-ST-ZIP				54 CITY-5			
TITLE			DELETE	61 TITLE		Change Addition	
NAME				62 NAME			

14. Thereby certify that the information supplied with this filling 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 supplieriterial annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of 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 chapped of an attrictment with an address

STREET ADDRESS

GONZALO J. SANCHEZ PASSIBAT /

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

**FILED** 

Mar 19 1998 8:00am

Secretary of State