## 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

DOCUMENT #

P94000015009 (1)

26

IMORS, INC.

Principal Place of Business

2000 NW 92ND AVE. MIAMI FL 33172

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

Mailing Address

2000 NW 92ND AVE.

2a. Mailing Address

City & State

Suite, Apt. #, etc.

MIAMI FL 33172

## **FILED** Feb 04 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualified

02/24/1994

65-0472986

5. Certificate of Status Desired

6. Election Campaign Financing

1/29/98

4. FEI Number

23		28				Trust Fund Contribution	<u> </u>	Adde	ed to Fees	
Zip	Country	Zip		Country	" <u> </u>	8. This corporation owes or h			intangible	
24	25		30			Personal Property Tax due		Yes	□ No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
ORTEGA, JOSE A					Name					
2000 NW 92 AVE				82	Street Ado	ress (P.O. Box Number is Not Acc	entable)			
MIAMI FL 33172										
				83						
				84	City		<del></del>	85 Z	ip Code	
				]**	City		FL		ip code	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Flo	rida Statutes,	the above	-named cor	poration submits this statement for	the purpose of	changin	g its registered	
office or re agent, 1 ar	egistered agent, or both, in the State of familiar with, and accept the obligation	it Florida, Such cha ions of, Section 60	ange was auth 7.0505. Florid	iorized by a Statutes	the corpora	ation's board of directors, a nereby	accept the app	ontment	as registered	
SIGNATURE										
SIGNATORE .	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Re	g stered Age	nt signature requ	ired when reinstating)	DATE			
12.	OFFICERS AND			13.		ADDITIONS/CHANGES TO	OFFICERS AND			
TITLE	DP LI DELETE		1.1 TITLE				L_! Chang	e L Addition		
NAME	WOLLBERG, MARIA E			1,2 NAME						
STREET ADDRESS	2000 NW 92ND AVE.			1.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL		<u></u>	1.4 CITY-S	T- ZIP	<u></u>				
TITLE	DT		DELETE	2.1 TITLE				Chang	e 📙 Addition	
NAME	ORTEGA, JOSE A JR			2.2 NAME						
STREET ADDRESS	2000 NW 92ND AVE.			2.3 STREET	address					
CITY-ST-ZIP	MIAMI FL		l	2.4 CITY-S	T-ZIP					
TALE	S	[	DELETE	3.1 TITLE				L Chang	e L Addition	
NAME	ORTEGA, JOSE A			5.2 NAME						
STREET ADDRESS	300 ARVIDA		1	3.3 STREET	address					
CITY-ST-ZIP	CORAL BAGLES FL			3.4. CITY-S	T- ZIP					
TITLE			DETELE	4.1 TITLE				Chang	e L. Addition	
NAME			ì	4. 2 NAME	1					
STREET ADDRESS				4,3 STREET	ADDRESS					
CITY - ST - ZIP				44 CITY-ST	r-ZIP					
TITLE			DELETE	5 1 TITLE				Chang	e 📙 Addition	
NAME				52 NAME						
STREET ADDRESS				53 STREET	ADDRESS					
C!TY - ST - ZIP				5 4 CITY - ST	r- <u>zip</u>					
TITLE			DELETE	6.1 TITLE	.			Chang	e 🔲 Addition	
NAME			1	6.2 NAME						
STREET ADDRESS	المعرب والمعارف			6.3 STREET	ADDRESS					
CITY-ST-ZIP				6.4 CITY - ST				_		
14. I hereby certify that the information supplied with this flying 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 repealed that make the state and the state of the corporation or the repealed that my name appears in										