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 Jan 16 1998 8:00am Secretary of State

DOCU 1. Corporation	MENT # P9400	00017792 (0)					
	R CORP.	` '					
2001	7 00111 -					E LEGITERT FOR LIBERT BEREIT BEREIT BEREIT GESTA BEREIT LIBERT FOREIT FOLIER TRANS FO	I I
Principal Plac	e of Business	Mailing Address				I INDRICANT TIE TUTE BUTTE	41
	GLER ST., STE, 305	9440 W. FLAGLER ST	STE. 305				
MIAMI FL 33	174	MIAMI FL 33174				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						03/02/1994	
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number Applied F	or
2126			<u> </u>			65-0479689 Not Applic	cable
Suite, Apt. #, etc.						5. Certificate of Status Desired S8.75 Addition	al
22 27						Fee Required	
City & State City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	28 Zip	Countr	rv		Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intaggible	—
24			30	Country		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curr		1001	-		10. Name and Address of New Registered Agent	
M/	ARTIN-RIVERO, EDGAR		8.	1 Na	ne	- · · · · · · · · · · · · · · · · · · ·	
	40 W. FLAGLER ST., STE. 305	}	8:	2 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)	
MIAMI FL 33174			L	1			
			8:	3			
			84	4 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statu	tes, the abo	ve-narr	ed corpo		ered
office or r	registered agent, or both, in the Sta	ate of Florida, Such change was	authorized b	by the	corporation	oration submits this statement for the purpose of changing its regist on's board of directors. I hereby accept the appointment as register	ed
SIGNATURE	an latinal will, and accept the oc	igations of, decitors cost, th	orida statut	çş.			
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NO	re: Registered A	gent sign	ture required	d when reinstating) DATE	
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSCB DELETE		•	1.1 TITLE		Change Ad	dition
NAME	RIVERO, MARTIN E ORESS 9440 W FLAGLER ST, STE 305			1.2 NAME			
STREET ADDRESS	(a stable = 1		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		×		
CITY-ST-ZIP TITLE	DP DP	☐ DELETE		2.1 TITLE		Change Ad	dition
NAME	RIVERO, MARTIN C			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS		ss I		
CITY-ST-ZIP	4.144.15			2. 4 CITY-ST-ZIP			
TITLE	DELETE			3.1 TITLE		Change Ad	dition
NAME			3.2 NAME	3.2 NAME			
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CITY-ST-ZIP				3.4. CITY-ST-ZIP			
TITLE	DELETE		4.1 TITLE	4.1 TITLE		Change Ad	dition
NAME				4. 2 NAME			
STREET ADDRESS			1	4.3 STREET ADDRESS			ĺ
CITY-ST-ZIP				4.4 CITY-ST-ZIP			200
TITLE	.		1	5.1 TITLE		L_I Change L_I Ad	ונוטא
NAME CERTE ADDRESS				5.2 NAME			
STREET ADDRESS	4			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE			6.1 TITLE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Adv	dition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE		s		1
CITY-ST-ZIP			6.4 CITY-		-		
	certify that the information supplied	with this filing does not qualify f			ated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the informa	tion

indicated on this arimus 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.

SIGNATURE: