## 4.2.98 B. 4098 - NC 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 # P94000022609 (9)

PAUL F. PENICHET, P.A.

**FILED** 

Apr 02 1998 8:00am

Secretary of State

Principal Place of Business	Mailing Address		
201 ALHAMBRA CIRCLE SUITE 711	201 ALHAMBRA CIRCLE SUITE 711		

r imiospant io	200 01 200111000	maning madrood				
201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES FL 33134			201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES FL 33134		DO MOZIMBITE IN THE	, en lor
					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
			-		03/18/1994	·
2. Principal	Place of Business	2a. Mailing Address	•		4. FEI Number	Applied For
21		26	<del></del>		65-0479260	Not Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc	о.		5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
City & Sta	ate	City & State			6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be
<b>23</b> Zip	Country	<b>Zip</b>	Count	r.,		Added to Fees
24	25	29	30	ıy	<ol> <li>This corporation owes or has paid the corporation owes or has paid the corporation.</li> <li>Personal Property Tax due June 30.</li> </ol>	urrent year Intangible ☐ Yes ☐ No
<u> </u>	g. Name and Address of Cui		301		10. Name and Address of New Registered	
			8	1 Name	10,	
	ENICHET, PAUL F	744				<u> </u>
	01 ALHAMBRA CIRCLE SUITE ' ORAL GABLES FL 33134	/11	8	2 Street Ac	ddress (P.O. Box Number is Not Acceptable)	
•			8	3		
			8	4 City	FI	85 Zip Code
		0502 and 607.1508, Florida state of Florida. Such change bligations of, Section 607.050	Statutes, the abo was authorized to 5, Florida Statut	ve-named co by the corpo es.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable	(NOTE: Registered A	gent signature re	quired when reinstating) DATE	mentalente de la carcare al companyo e compositores de la companyo e companyo
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	P	☐ DELET	E 1.1 THLE			Change Addition
NAME	PENICHET, PAUL F		12 NAMI	:		
STREET ADDRESS	201 ALHAMRA CIRCLE, SI	UITE#711	1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-	·ST - ZIP		
TITLE		☐ DELET		<del></del>		☐ Change ☐ Addition
NAME			2.2 NAME	:		
STREET ADDRESS	2			ET ADDRESS		
CITY-ST-ZIP	`		2.4 CITY			
TITLE	<del>  -</del>	DELET				Change Addition
NAME	1		3.2 NAME			
STREET ADDRESS				ET ADDRESS		
	<b>'</b>		3.4 CITY			
C!TY-\$T-ZIP TITLE	<del> </del>	DELET				Change Addition
NAME		Jeec.	4. 2 NAM			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		☐ DELÉT	4.4 CITY- E 5.1 TITLE			☐ Change ☐ Addition
	1					C Subality
NAME OTREET ARROSEO	.		5.2 NAME			
STREET ADDRESS	<b>`</b>			ET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	DOLOT	5.4 CITY -			Choose Addr
TITLE		☐ DELET		1		Change Addition
NAME			6.2 NAME			
STREET ADDRESS	6		63 STREE	ET ADDRESS		
CITY-ST-ZIP			64 CITY-	ST-ZIP		

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 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.

3/2 Kalz VIII VIII