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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000028107 (8)

FILED

Mar 13 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address	\$\$1 18\$1
9500 NW 80TH AVENUE 9500 NW 80TH AVENUE	
BAY 4-G HIALEAH GARDENS FL 33016 BAY 4-G DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified	
04/11/1994	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number App	ed For
	pplicable
Suite, Apt. #, etc. Suife, Apt. #, etc. RAY 4G. Suife, Apt. #, etc. RAY 4G. Suife, Apt. #, etc. Fee Required Suife, Apt. #, etc.	
22 City & State City & State 6. Election Campaign Financing \$5,00 M	
23 HIAGAA GARD-WS, FC 28 HIAGAA GARDUS FC Trust Fund Contribution Added to	Fees
Zip Country Co	
24 330/6 26 7AU 29 330/6 30 VA JAUC Personal Property Tax due June 30. Yes U	40
BORDACH, FERNANDO W 81 Name	
9610 JOHNSON ST 82 Street Address (P.O. Box Number is Not Acceptable)	
UNIT 2807	
PEMBROKE PINES FL 33024	
84 City 85 Zip Co	de
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	egistered gistered
SIGNATURE	
Signature, typed or printed reactive depril and side if applicable (NOTE: Registered Agent signature required when reinstaling) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. IT	Addition
NAME BORDACH, FERNANDO W 12 NAME	
STREET ADDRESS 9610 JOHNSON ST 1.3 STREET ADDRESS	
CITY-ST-ZIP PEMBOSE PINES FL 1.4 CITY-ST-ZIP	
TITLE DELETE 2.1 TITLE Change	Addition
NAME 2.2 NAME	į
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-ST-ZIP 2 4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE Change	Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4 CITY-ST-ZIP	Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	•
CITY+ST-ZIP	
TITLE DELETE 5.1 TITLE Change	Addition
NAME 52 NAME	
STREET ADDRESS 5 3 STREET ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP	1 (2)
	Addition
NAME 6.2 NAME	
STREET ADDRESS 6.3 STREET ADDRESS CAUTY, CL. 200	
CITY-S1-ZIP 6.4 CITY-S1-ZIP	formation

ort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar see empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears In