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 28 1998 8:00am Secretary of State

DOCUMENT # P94000030822 (8)												
		CTO, INC.		- (-,								
		, ,,,,,							(
Principal Plac	a of Burines		Mailing	Addross								
Principal Place of Business Mailing Address 7197 SW 8TH ST. 7197 SW 8TH ST.												
MIAMI FL 33144 MIAMI FL 33144								ļ				
								L	DO NOT WRITE IN	THIS S	PACE	
									3. Date Incorporated or Qualified			
2, Principal Place of Business 2a. Mailing Address									04/22/1994 4. FEI Number		1 Jan	plied For
21			\vdash	26					65-0486525			t Applicable
Suite, Apt.	#, etc.			Suite, Apt. #, etc.						7	\$8.75 A	
22			27	- 					5. Certificate of Status Desired L		Fee Re	quired
City & Stat	.e		— ·	City & State				1	Election Campaign Financing Trust Fund Contribution	7	\$5.00 Added to	
Zip				Zip Cour			,	8. This corporation owes or has paid the curr				
24				29 30					Personal Property Tax due June 30). <u> </u>	Yes [] No
		and Address of Curre	nt Registered	d Agent			ı 		Name and Address of New Regis	stered A	gent	
HERNANDEZ, HELI H						81 Name						
7197 S W 8TH ST. MIAMI FL 33144							Street Ad	Address (P.O. Box Number is Not Acceptable)				
171)	AMI I E SO I	777				83						
						84	City			······································	85 Zip C	`ode
							,			FL		
11. Pursuant office or r	to the provis registered ag im familiar wi	ions of Sections 607.05 gent, or both, in the Stat ith, and accept the oblid	02 and 607.15 e of Florida S gations of Sec	508, Florida Statut uch change was ction 607,0505, Fl	os, tho a authorize orida Sta	bove d by	e-named co the corpor	orporat eration's	ion submits this statement for the purps board of directors. I hereby accept the	pose of he appo	changing its sintment as i	registered registered
SIGNATURE												
	Signature, typed	or printed name of registered as	gent and title if appl VD DIRECTOR			ed Age	ent signature rec	quired wh		DATE	DIDECTOR	0.0140
TITLE	PD	OFFICERS AF	ND DIRECTOR	DELETE	13. 1.1 I	III E			ADDITIONS/CHANGES TO OFFICER	15 AND	Change	S IN 12
NAME	–	NDEZ, HELI H					1.2 NAME			•		
STREET ADDRESS		W 8TH ST.					1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI F	FL 33144				1.4 CITY-ST-ZIP						
TITLE	TSD			☐ DELETE			2.1 TITLE				Change	Addition (
NAME		NDEZ, MIRTA Ĉ		2			2.2 NAME					
STREET ADDRESS		W 8TH ST.		2.3			2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMIF	L 331 <u>44</u>					2. 4 CHY-S1-ZIP					
TITLE							3.1 TITLE 3.2 NAME			l	Change	☐ Addition
NAME							ADODESC					
STREET ADDRESS City-St-Zip							ADDRESS S1 - ZIP					
TITLE		·•.		DELETE	4.1 T		31. ZIF				Change	Addition
NAME				_		VAME					_ ,	
STREET ADDRESS					4.3 S	TREET	ADDRESS					
CITY-ST-ZIP					4.4 C	ily-s	T-ZIP					
TITLE	_			DELETE	5.1 T	ITLE				- [Change	Addition
NAME					5.2 N	AME						
STREET ADDRESS							ADDRESS					
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TITLE				□ PELETE	6.1 T					ı] Change	☐ Addition
NAME STREET ADDRESS					62 N		address					
CITY-ST-ZIP					1	THEET						
	portification th	a information available	nith this films	dana nat avalit. C				in Cart	tion 110 07/2Vi) Florida Statutas I fur	lines ec	(if a blood Al	-formation

14. Thereby 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 supplied ental 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 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 changed, or or an attachment with an address.

shock 12 or block 13 if changed, or param attachment with an address.