## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

· PROFIT CORPORATION **ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P9400 'ET INC.	00034347 (2)					
Principal Place	o of Business	Mailing Address		···-	1 1001;801 116 1011 8105) 0050 8050 0050 8050 8050 8	HARA IIII <b>b</b> ia	H MAN HAN
7450 SW 38 ST MIAMI FL 33155 US		7450 SW 38 ST MIAMI FL 33155 US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
		and the second s		<u></u>	05/03/1994		
├─ <b>,</b> '	lace of Business	2a. Mailing Address			4. FEI Number	<del></del>	plied For
Suite, Apt.	# elc	Suite, Apt. #, etc.			65-0489199	\$8.75	ot Applicable
22	.,	27			5. Certificate of Status Desired	Fee Re	
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	Country	Zφ	Count	гу	8. This corporation owes or has paid the curre		
24	[25]		30				] No
	9. Name and Address of Curre	ent Hegistered Agent	B	1 Name	10. Name and Address of New Registered A	gent	
CHARDET, MIGUEL			ا ا	Name			
	7450 SW 38TH STREET			2 Street Add	dress (P.O. Box Number is Not Acceptable)		
MIA	MI FL 33155		B	3			
				1			
			8	4 City	FL	<b>85</b> Zip	Code
11. Pursuant I office or re agent I ar	to the provisions of Sections 607.09 egistered agent, or both, in the Sta m familiar with, and accept the obti	i02 and 607.1508, Florida Statutes le of Florida. Such change was au gations of, Section 607.0505, Flor	s, the abouthorized i	ve-named cor by the corpora es.	poration submits this statement for the purpose of cation's board of directors. I hereby accept the appoint	thanging it intment as	s registered registered
SIGNATURE	en er en						
12.	Signature Typed or professionarie of registered a CNL TOTALS A	gent and little it applicable (NOTL ND DIRECTORS	Hegistered A	gent signature requ	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTOR	OC IN 12
TALE	CO	DELETE	1.1 TITLE			Change	Addition
NAME	CHARDIET, MIGUEL		1.2 NAM	.		_ · •	
STREET ADDRESS	7450 SW 38TH ST		1.3 STRE	ET ADDRESS			i
CITY-ST-ZIP	MIAMI FL		1.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
			2.2 NAM	:			
STREET ADDRESS			2.3 STRE	ET ADDRESS	e de la companya de		
CITY-S1-2IP TITLE			2. 4 CITY				
		☐ DELE1E	3.1 TITLE		L	Change	Addition
NAME			3.2 NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP TITLE	DELETE		3.4. CITY - S1 - ZIP 4.1 TITLE			Change	Addition
NAME			4.3 TITLE 4.2 NAME		L	T OURING	Addition
STREET ADDRESS				ET ADORESS			
CITY-ST-ZIP			4 4 CITY				
TITLE		DELFTE	51 TITLE			Change	Addition
NAME			5.2 NAMI		<u>-</u>		
STREET ADDRESS				ET ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section indicated on this annual report or supplemental annual report is frue and accurate and that my signature shall officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address.

6.1 TITLE

6.2 NAME

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

**FILED** 

Mar 12 1998 8:00am

Secretary of State