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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Feb 18 1998 8:00am Secretary of State

	1998 DIVISION OF CORPORATIONS				J Secretary of State	
DOCUM 1. Corporation TPG TA	MENT # P9400	00037384 (2	2)			
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Principal Place	of Business	Mailing Address			I CO DISÕDA UID INTIN OLON BANKA DANK ADIN DANA	D EBYER DOMAN DYENI ONDYK MÉMY KANK
5625 NW 7TH AVE 5625 NW 7TH AVE					į	
MIAMI FL 331	127	MIAMI FL 33127			DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualified	
					05/18/1994	
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #.	olc	Soile, Apt #, etc			65-0497359	Not Applicable \$8.75 Additional
22	, 010	27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Efection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent		81 Name	10. Name and Address of New Registere	d Agent
	YLOR, WILLIE H			of Name		
	25 NW 7TH AVE AMI FL 33127			B2 Street Ad	dress (P.O. Box Number is Not Acceptable)	
MIZ	WIII I C 33 121		ŀ	83		
			}	84 City		85 Zip Code
			į		F	L ·
11. Pursuant to office or reg	the provisions of Sections 607.0/ gistered agent, or both, in the Stat familiar with, and accept the obli-	-02 and 607,1508, Florida Statu te of Florida, Such change was cultions of Section 607,0505, F	tes, the ab authorized lorida Stati	ove-named co by the corporates	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	of changing its registered opointment as registered
SIGNATURE	The state of the s	g	oned State			ì
SI	grature typed or protect name of requirement			Agent signature red	quired when reinstating) DATE	
TOLE	D	NO DIRECTORS DELETE	13.	IF T	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	TAYLOR, WILLIE H		1.2 NA			
STREET ADDRESS	5625 NW 7TH AVE			REET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33127		1.4 017	Y · ST - ZIP		
TITLE		DELETE	2 1 TIT	LE		☐ Change ☐ Addition
NAME			2.2 NA	ME		Ì
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		DELETE	2 4 CI	TY-ST-ZiP		Change Addition
NAME		C) MILL	3 1 181 3 2 NAI	!		
STREET ADDRESS			1	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		DELETE	4.1 111			Change Addition
NAME			4. 2 NA	ME		ļ
STREET ADDRESS				REFT ADDRESS		Ì
CITY-ST-ZIP		DELETE		Y-ST-ZIP		Change Addition
TITLE NAME		ביי אנונונ	5 1 TITI 5.2 NAI			C Change C Agoi(0)
STREET ADORESS			1	REET ADORESS		
CITY-ST-ZIP			_ E	Y-ST-ZIP		
TITLE		DELETE	6 1 717			Change Addition
NAME			6 2 NAI	ME (
STREET ADDRESS			6351	REET ADDRESS		
CFTY - ST - ZIP				Y-ST-ZIP	in Section 119 07(3)(i) Florida Statutes I further	

I hereby certify that the intermation supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(i). Florida statutes. I further certify that the information indicated on this annual report or suppliemental 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 legen an attachment with an address.