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 # 1. Corporation Name P94000038840 (2)

FILED Mar 25 1998 8:00am Secretary of State

| Principal Pla | ce of Business | Mailing Address | | | | |
|---|-------------------------------|---------------------|-------------|---|---|--|
| 3521 SW 140TH AVE. 3521 SW 140TH AVE. MIAMI FL 33175 MIAMI FL 33175 | | | | | | |
| | | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | 3. Date Incorporated or Qualified |
| L | | | | | | 05/19/1994 |
| 2. Principal Place of Business | | 2a. Mailing Address | h | | | 4. FEI Number Applied For |
| 21 | | 26 | ··· | | | 65-0504536 Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired Fee Required | |
| City & Ste | le | City & State | | | 6. Election Campaign Financing \$5.00 May be | |
| 23 | | 28 | | | | Trust Fund Contribution |
| Zip | Country | Zip | Co | Country | | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | 29 | 30 | , o | | Personal Property Tax due June 30. Yes No |
| | 9. Name and Address of Currer | nt Registered Agent | | | | 10. Name and Address of New Registered Agent |
| CUESTA, CRISTINA E 3521 SW 140TH AVE. | | | | 81 | Name | |
| | | | | 62 | Stroot Adds | ess (P.O. Box Number is Not Acceptable) |
| MIAMI FL 33175 | | | | | Otioot Addi | ess (F.O. Box Number is Not Acceptable) |
| | | | | 83 | | |
| | | | | | | |
| | | | | 84 | City | FL 85 Zip Code |
| 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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable (NOTE R 12. OFFICERS AND DIRECTORS | | | | agislered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | I D | DELETE | | 1.1 TITLE | | Change Addition |
| NAME | CUESTA, FERNANDO J | | | 1.2 NAME | | |
| STREET ADDRESS | | | | | 4000000 | |
| CITY-ST-ZIP | 44444 | | | 1.3 STREET ADDRESS | | |
| TITLE | D DELETE | | | 1.4 CITY - ST - ZIP 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CUESTA, CRISTINA E | | | 2.2 NAME | | Criange ADDRIUM |
| | | | | | | |
| STREET ADDRESS | 3521 SW 140TH AVE. | | | | ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33175 | - Division | | CITY-SI | T-ZIP | |
| TITLE | <u> </u> | | | 3.1 TALE | | Change Addition |
| NAME | | | 3.2 N | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 S | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. (| ITY-ST | r- ZIP | |
| TITLE | 1 | DELETE | 4.1 1 | ITLE | | Change Addition |

CITY-ST-ZIP 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arn an officer or director of the corporation or the recover 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 chapted, or on an attachment with an address.

I. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

Change

Addition

Addition