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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Şandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400050937 (9)

FILED Apr 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address	IN MALLE INCEN MULL INC. INC.
8005 SCHOOL HOUSE ROAD 8005 SCHOOL HOUSE ROAD MIAM! FL 33143 DO NOT WRITE IN THIS	SPACE
3. Date Incorporated or Qualified	
07/06/1994	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 28 65-0539196 Suite, Apt. #, etc. Suite, Apt. #, etc.	Not Applicable
Suite, Apr. #, etc.  5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
23 Trust Fund Contribution	Added to Fees
Zip Country Zip Country 8, This corporation owes or has paid the cu	rrent year Intangible
	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered	Agent
FAIRBAIRN, RALPH J	
8005 SCHOOL HOUSE ROAD  82 Street Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33143	
84 City	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 office or registered agent, or both, in the Stato of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appagent I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or preted name of registered agent and time if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE:	pointment as registered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE P DELETE 1.1 TITLE	Change Addition
NAME FAIRBAIRN, RALPH J 1.2 NAME	
STREET ADDRESS 8001 S W 52ND AVE 1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 1.4 CITY-ST-ZIP	T observed the second
TITLE VP DELETE 2.1 TITLE NAME MONGILLO, MICHAEL 22 NAME	☐ Change ☐ Addition
AAAA A MURAAMA AMP	
Addata Fa	
CITY-ST-ZIP  TITLE  2.4 CITY-ST-ZIP  DELETE 3.1 TITLE	Change Addition
NAME 32 NAME	<u>-</u>
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE	Change Addition
NAME 4.2 NAME	j
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 44 CITY-ST-ZIP	
THLE DELETE 51 TIPLE	Change Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY CT. 719	
CITY-ST-ZIP	Change Addition
The state of the s	oningo roundi
NAME 62 NAME	
NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS	

14. I hereby 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 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 or 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 on an adjachment with an address.

SIGNATURE: PAIREAURY 4/2/98

198 305.661.0624