## 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

1. Corporation	MENT # P9400 RT CORP.	0053653 (9	)		II
Principal Plac	ce of Business	Mailing Address			# <b>4818</b> 1 <b>8188</b> 1118 <b>6</b> 140 6140 6145 7111 7 <b>3</b> 1
8285 W. 121		6285 W. 12TH AVE.			
HIALEAH FL 33012 HIALEAH FL 33012				50.107.1107.5	
				DO NOT WRITE I  3. Date incorporated or Qualified	N THIS SPACE
ĺ				07/12/1994	
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0505844	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		e, continuate of blates busined	Fee Required
City & Stai	le	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	<b>[28]</b>	Country		Added to Fees
24	25	29	30	This corporation owes or has paid Personal Property Tax due June 3	
[=:]	9, Name and Address of Curren		1001	10. Name and Address of New Reg	
62	ALART, FRANCISCO 185 W. 12TH AVE. ALEAH FL 33012		<ul><li>81 Name</li><li>82 Street /</li><li>83</li><li>84 City</li></ul>	Address (P.O. Box Number is Not Acceptable	FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered agei	it and title if applicable (NC	Jies, the above-named authorized by the corplorida Statutes.  Jie Fiegisland Agent's gnature	corporation submits this statement for the pu poration's board of directors. I hereby accept required when ruinstaling)	rpose of changing its registered the appointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD BALADT EDANGICO	DETELE	1.1 TALE		Change Addition
NAME STREET ADDRESS	BALART, FRANCISCO 6285 W. 12TH AVE.		1,2 NAME		
CITY-ST-ZIP	HIALEAH FL 33012		1.3 STREET ADDRESS		
TITLE	STD	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	BALART, ROSA INES	<del></del>	2.2 NAME		
STREET ADDRESS	6285 W. 12TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33012		2 4 CHY-ST-ZIP		
TITLE	VD	DELETE	3 1 11TLF		Change Addition
NAME	BALART, ROBERTO		32 NAME		
\$TREET ADDRESS	2055 BRIGHT DR., #6		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33010		3.4. CITY - ST - ZIP		······································
TITLE	MD	☐ DELETE	4.1 TITLE		Change Addition
NAME	RODRIGUEZ, LUIS M		4. 2 NAME		
STREET ADDRESS	1680 W 56 STREET #205		4.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	HIALEAH FL 33012	DELETE	4.4 CITY - \$1 - ZIP		Change Addition
NAME		DECEME	5.1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-S1-ZIP		
TITLE		DELETE	61 111LE		Change Addition
NAME		<del></del>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY-S1-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 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 attachment with an address.

CITY-ST-ZIP

**FILED** 

Jan 16 1998 8:00am

Secretary of State