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 # P94000055555 (4)

CAMPA & ASSOCIATES, INC.

FILED Mar 02 1998 8:00am Secretary of State

DO NOT HIDITE IN THIS PRACE

Principal Place of Business Mailing Address					J INGUIRAL DIG TANIO RITTO BATTO	111	
8013 WEST 1 HIALEAH FL			8013 WEST 16TH AVE. HIALEAH FL 33014			DO NOT WRITE IN THIS SPACE	
			*			3. Date incorporated or Qualified	
						07/27/1994	
2. Principal P	lace of Business	2a. Mailing A	Address			4. FEI Number Applied F	or
21		26				65-0508466 Not Appli	
Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.			5. Certificate of Status Desired See Required Fee Required	
City & State	9	City & Sta	ale			6. Election Campaign Financing \$5.00 May B	e
23		28				Trust Fund Contribution Added to Fees	<u>. </u>
Zip	Country	Zip	L	_ Country		8. This corporation owes or has paid the current year Intangible	,
24	25	29	. 3	<u>ol</u>		Personal Property Tax due June 30. 🔀 Yes 🔲 No	
	g. Name and Address of Cu	irrent Registered Age	int	81		10. Name and Address of New Registered Agent	
	IMPA, JOSE L			61	Name		
	13 WEST 16TH AVE. ALEAH FL 33014			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	
				83			
			_	84	City	FL 85 Zip Code	
office or re	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the c	State of Florida, Such c	hange was au	horized by	the corpo	orporation submits this statement for the purpose of changing its regist oration's board of directors. I hereby accept the appointment as registe	ered red
SIGNATURE							
	Signature, typod or printed name of registere		(NOTE: F	<u> </u>	nt signature rec	equired when reinstating) DATE	
12.	PD	S AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change A	ddition
TITLE	· ·	<u> </u>) DETENT	1.1 TITLE		C Citalife C V	ווטואוטו
NAME OTOGET ADDRESS	CAMPA, JOSE L 8013 WEST 16TH AVE.			1.2 NAME			
STREET ADDRESS				1.3 STREET	ì		- 1
CITY-ST-ZIP TITLE	HIALEAH FL 33014 STD		DELETE	1.4 CITY-S 2.1 TITLE	I-ZIP	☐ Change ☐ Ad	dition
NAME	CAMPA, JUDITH M	L	, 011616	2.2 NAME		C Criming C	JOSHOIT
STREET ADDRESS	8013 WEST 16TH AVE.				*DDDECC		
Í	HIALEAH FL 33014			2.3 STREET	- (
CATY-ST-ZIP TATLE	THALLAIT I L 33014		DELETE	2. 4 CITY - S 3.1 TITLE	11-214	Change Ad	tdition
NAME		_		3.2 NAME		- Change - Carlo	
STREET ADDRESS				3.3 STREET	ANERDECC		
CITY-ST-ZIP				3.4. CITY - S	J		
TITLE			DELETE	4.1 TITLE	1-217	☐ Change ☐ Ad	dition
NAME			<u> </u>	4. 2 NAME	1		
STREET ADDRESS				4.3 STREET	ADDRESS		
CITY-ST-ZIP				4.4 CITY - S			
TITLE			DELETE	5.1 TITLE	1-211	Change Ad	Idition
NAME		_	-	5.2 NAME			
STREET ADDRESS				5.3 STREET	ADDRESS		
CITY-ST-ZIP				5.4 CITY-S			
TITLE		L	DELETE	6.1 TITLE		☐ Change ☐ Ad	Idition
NAME		_		6.2 NAME	[• ·	ĺ
STREET ADDRESS				6.3 STREET	ADDRESS		ĺ
CITY-ST-ZIP				6.4 CITY-S			
	ertify that the information supplie	ed with this filing does	not qualify for t			in Section 119 07(3Vi). Florida Statutes. I further certify that the informs	tion

r nereby 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 informatio 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.

(306) 558~