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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P94000057657 (6)

8		ce of Busines	s	Mailing Ad 8567 COR MIAMI FL	AL WAY				DO 3. Date Incorporated co. 08/04/1994	NOT WRIT	E IN THIS		
2.	Principal P	Place of Busin	ness	2a. Mailing	a. Mailing Address				4. FE! Number			- Ar	oplied For
21				- h	26				65-0509551			<del> </del>	ot Applicable
<del></del>	Suite, Apt.	#, etc.		~	Suite, Apt. #, etc.				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			\$8.75	
22				27	27				5. Certificate of Status	Desirea		Fee Re	equired
1	City & State			City & S	City & State				6. Election Campaign	Financing		\$5.00	May Be
23				28					Trust Fund Contribu	tion			to Fees
	Zip		Country	Zıp		Count	lry		8. This corporation ow	es or has p	aid the cu		
24			25	29		30			Personal Property T				_] No
<u> </u>				rrent Registered Ac	gent		31	Name	10. Name and Address	of New R	legistered	Agent	
PINO, BEATRIZ							"	Name					
		67 CORAL			<u> </u>			Street Addre	ss (P.O. Box Number is N	ot Accepta	able)		**-
MIAMI FL 33155										_			
					83								
							14	City	· · · · · · · · · · · · · · · · · · ·	-	FL	85 Zip (	Code
<b>L</b> .	Duramont	to the provin	one of Continue CO?	0600 and 607 1600	on the one	1	nomed corns	ration pubmits this statem	ant for the		•	o Engistated	
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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE												registered	
Signature, typed or printed name of registered agriculand title if applicable (NOTE: Re							Agent	t signature require	d when reinstating)		DATE		
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TITE		PINO, J	AV/IED		DEEE IE	1.1 TITLE						☐ Change	Addition
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1116	-			•		V.1 (11LC							

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 attachment with an address,

6 3 STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: X

1/19/98

**FILED** 

Jan 29 1998 8:00am

Secretary of State