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

**PROFIT CORPORATION** ANNUAL REPORT 1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 15 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 1. Corporation Name P94000058270 (7)

Principal Place	ST 3RD STREET	Mailing Address  111 SOUTHWEST 3RD STRE PENTHOUSE 3 MIAMI FL 33130	ET	DO NOT WRITE IN THIS SPACE
US		U\$		3. Date Incorporated or Qualified
<b>A D C C C C C C C C C C</b>				08/05/1994
	ace of Business	2a. Mailing Address		4. FEI Number Applied For
Suite, Apt.	# elc	26 Suite, Apt. #, etc.		65-0516247   Not Applicable   \$8.75 Additional
22		27		6. Certificate of Status Desired Fee Required
City & State	•	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country 25	Zip 30	Country	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  No
24		Current Registered Agent	<u>'</u>	10. Name and Address of New Registered Agent
Bel Name				
HUMPHREYS, DAWN			-	- SAME
5 <del>22 N.E. 195TH-6</del> T. N <del>. MIAMI FL 63179</del>			82 Street A	ddress (P.O. Box Number is Not Acceptable)
14. [	WANTE OUT O		83	The state of the s
			# 2	
			84 City	RAL GABLES FL 85 Zip Code 33134
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.				
agent. I a	m familiar with, and accept the DAWN HUMPHRE		la Statutes.	89-9-4 smultwed now
Signature: typed or printed name of registered agent and title if applicable [NOTE: Registered Agent signature required when reinstating) DATE				
12.	OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	L DELETE	1.1 TITLE	<b>▶, P</b>
NAME	HUMPHREYS, Y.M. DAY		1.2 NAME	1206 Douglas ROAD, #2
STREET ADDRESS	ACC INDESIGNATION AT	306 Tom losser.	1.3 STREET ADORESS	
CITY-ST-ZIP	₩: MAMI FL 33179 -#	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	COTAL GABIRS, FIORIDA 53(34)
TITLE	D		2.1 III.E 2.2 NAME	Z Change C Robiton
NAME	HUMPHREYS, ANTHEA 522 N.E. 1957H-8T.		2.3 STREET ADDRESS	1206 Douglas Road, #2
STREET ADDRESS	N_MAMITEL 33179 1	o college		POTAL GABIES, FLORIDA 33134
CITY+ST-ZIP TITLE	IS MINORI PE 331/8	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	D Change Addition
NAME			3.2 NAME	JOHN T. HUMPHTEYS.
STREET ADDRESS			3.3 STREET ADDRESS	118 ABBRY House, ABBRY POAD
CITY-ST-ZIP			3.4. CITY+ST-ZIP	London, Robland NWS 9BY
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		T prieve	5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADORESS			6.3 STREET ADDRESS	
CITY-S1-ZIP	ertify that the information sum	plied with this filing does not qualify for the	6.4 City-St-ZiP	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.				