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

**PROFIT 'CORPORATION** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

## FILED Apr 20 1998 8:00am

ANNUAL REPORT 1998				Secretary of State DIVISION OF CORPORATIONS				Secretary of State			
	IMENT on Name NMON IND	# P9400	0058	3647 (6)	**						
Principal Place of Business Mailing Address							I YARIYORI ING IBINI BIRIT BRITI BRITI BRITI BRITI BRITI BRITI BRITI	IIMI IMA I			
10720 SW 117 CT 10720 SW 117 CT											
MIAMI FL 33	186		MIA	MI FL 33186				DO NOT WRITE IN THIS S	PACE		
								3. Date Incorporated or Qualified			
2. Principal Place of Business 2a. Mailing Address								08/05/1994 4. FEI Number		Applied For	
21			26					65-0510839	<b>)</b>	ot Applicable	
Suite, Apt	. #, etc		<del></del>	Suite, Apt. #, etc.		_		5. Certificate of Status Desired		Additional Required	
City & Sta	ito		27	City & State				6. Election Campaign Financing		May Be	
23			28					Trust Fund Contribution		to Fees	
Zip	}	Country 25	29	Zφ	Cou	ntry		8. This corporation owes or has paid the curr	_	ntangible	
24		and Address of Curre		red Agent	30		<u> </u>	Personal Property Tax due June 30.  10. Name and Address of New Registered A		- ONI C	
0'	VALLE, GEO	RGE				81	Name				
	720 SW 117				}	82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
ML	AMI FL 3318	<b>36</b>			+	83				<del></del>	
					į				· · · · · · · · · · · · · · · · · · ·		
						84	City	FL	<b>85</b>   Zip	Code	
11. Pursuant	to the provisi	ions of Sections 607.05	02 and 60	7.1508, Florida Statut Such change was	es, the ab	oove I hv	e-named corp	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	changing	its registered	
agent. I a	am familiar wil	th, and accept the obli	gations of,	Section 607.0505, FI	orida Stati	utes	ino borporal	gent board of disposors. Thoroby dopopt the appe	ATTENIONE C	o registered	
SIGNATURE	Signature, typed	or printed name of registered a	gent and little if	applicable (NOI	E Registered	Age	nt signature requir	red when reinstating) DATE			
12.		OFFICERS A	ND DIRECT		13.		<del></del> -	ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	P	. AEABAE		☐ DELETE	1.1 (1)				Change	Addition	
NAME STREET ADDRESS		, George W 117 CT			1.2 NA		ADDRESS				
CITY-ST-ZIP	MIAMI FI				1.4 CIT						
TITLE	T			DELETE	2 1 T)T				Change	☐ Addition	
NAME		ARIAS O'VALLE			2.2 NA	ME				!	
STREET ADORESS	10720 SI MIAMI FL	W 117 CT					ADDRESS	Air			
CITY-ST-ZIP TITLE	MIAMI FL	L 33100		DELETE	2. 4 CI 3.1 TIT		1 - ZIP		Change	Addition	
NAME					3.2 NA	ME				_ [	
STREET ADDRESS					3.3 STI	REET	ADDRESS				
CITY-ST-ZIP				The steem	3.4. CI	_	T- ZIP				
TITLE				☐ DELETE	4.1 111				Change	L_ Addition	
NAME Street address					4. 2 N/ 4.3 ST6		ADDRESS			1	
CITY-ST-ZIP					4 4 CIT		I			1	
TITLE				DELETE	5 1 TIT.	1E			Change	☐ Addition	
NAME	1				_					1	
STREET ADDRESS	l				5.2 NA		_				
CITY OF THE	]				5.3 STF	REET.	ADDRESS				
CITY-ST-ZIP				DELETE		REET.			Change	Addition	
		·	<del></del>	DELETE	5.3 STF 5.4 C/T	REET . Y-SI LE			Change	Addition	
TITLE				☐ DELETE	5.3 STF 5.4 CIT 6.1 TIT 6.2 NA	REET. Y-SI LE ME			Change	Addition	

ordinates the information supplied with this limit does not qualify by the exemption stated in section 119.0/(3)(i), Florida statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and excurate 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 executif this leport 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.

George O'valle