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 # P94000059023 (9)

1. Corporatio	-	N PRODUC		00.	00020 (0	′)						
Principal Place of Business Mailing Address									- I 10011000 110 1 0111 01011 00111 01		A 4410 1084 6080	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8383 SW 1					1460 JEFFERSON DR							
MIAMI FL 33158 1460									DO NOT WRITE IN THIS SPACE			
US HOMESTEAD FL 33034									3. Date Incorporated or Qualified			
									08/10/1994	_		
2. Principal Place of Business					2a. Mailing Address				4. FEI Number			pplied For
21 18731 SW104 AUB				26	sw as	JUA 6		65-0520104			ot Applicable	
Suite, Apt. #, etc.										\$8.75	Additional	
22				27					5. Certificate of Status Desired		Fee R	equired
City & State					City & State				6. Election Campaign Financing		\$5.00	May Be
23 Minui FLA					28 MIAMI, FL				Trust Fund Contribution			
Zip	~ !	Country		\vdash	2ip 33157	Coun			B. This corporation owes or has			
24 331			S	29		30]	<u>U S</u>		Personal Property Tax due Ju			No
Name and Address of Current Registered Agent CUITIEV MICH 81 Name									10. Name and Address of New	Registered	Agent	
SHELLEY, NEIL J							i	\leq	shelley, Nei			
8383 S.W. 144TH STREET							Street A	ddres	ss (P.O. Box Number is Not Accep			
MIAMI FL 33158							13		8011 2md71	MB.		
							~					
							4 City	V	Minui	Fl	85 Zip.	3157
11. Pursuant	to the provi	sions of Section	ons 607,0502	and 60	07.1508, Florida Statu	tes, the abo	ve-named o	corpoi	ration submits this statement for th	e numnee i	of changing i	te registered
office or i	regi ste red a am fam iliar w	gent, or both, vith, and acce	in the State i pt the obliga	of Floric tions of	la. Such change was . Section 607.05 0 5. F	authorized Iorida Statut	by the corportes.	oratio	n's board of directors. I hereby ac	cept the ap	pointment as	registered
SIGNATURE		,	,		,,							
	Signature, type	d or printed name i	o' registered ager	l and little	if applicable. (NO	TE: Registered A	Agent signature r	equired	when reinstating)	DATE		
12.		OF.	FICERS AND	DIREC		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D				☐ DELETE	1.1 TITU	•				☐ Change	Addition Addition
NAME		LEY, NEIL J	A			1.2 NAM	E					
STREET ADDRESS 8383 S.W. 144TH STREET						1.3 STRE	1.3 STREET ADDRESS					
CITY-ST-ZIP		I FL 33158			Dr. Fee		-ST-ZIP					
TITLE	D OTTO				☐ DELETE	21 TITLI					☐ Change	Addition
NAME	1	ENS, RON				2.2 NAM	Ĕ					
STREET ADDRESS 16100 S.W. 108TH COURT CITY-ST-ZIP MIAMI FL 33157						2.3 STRE	ET ADDRESS					
CITY-ST-ZIP	MIAM	FL 33157			Devere	_	'-ST-ZIP					1 1 1 1 1 1 1 1
TITLE					☐ DELETÉ	3.1 TITLE	1				☐ Change	
NAME						3.2 NAM						
STREET ADDRESS							ET ADDRESS					
CITY-ST-ZIP	<u> </u>				DELETE	_	-ST-ZIP				TT 0	1.439
TITLE					□ pertit	4.1 TITLE					Change	Addition
NAME						4. 2 NAM						
STREET ADDRESS							ET ADDRESS					
CITY-ST-ZIP TITLE	<u>. </u>				DELETE	4.4 CITY					Change	☐ Addition
					L. OLLLIL	5.1 TITLE					cliange	∧ 0000001
NAME OTRECT ADDRESS						5.2 NAM						
STREET ADDRESS							ET ADDRESS					
CITY+ST-ZIP TITLE	<u>-</u> .				☐ DELETE	5.4 CITY 6.1 TITLE					Change	Addition
NAME						6.1 THE					Onlange	i vacion
STREET ADDRESS						6.3 STRE	ET ADDRESS					

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 supplimental 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.

CIGNATURE.

Dist Deriver

Ra Steve

2/28/00

305-255-0109

FILED

Mar 09 1998 8:00am

Secretary of State