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**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

## **FILED** May 01 1998 8:00am Secretary of State

| 4651 NW 94 PL MIAN# FL 33178  2. Principal Place of Business 1 Suite, Apt #, etc. 2 City & State 3 Zip Country 4 25  | 20. Ma<br>26 Str<br>27               | 5 N.W. 7TH ST. MI FL 33125  Diling Address ite Apt # etc.                   |                            |   |                                    | DO NOT WRIT   | E IN THIS !                                | 20105                                       |   |
|--|--------------------------------------|---|----------------------------|---|------------------------------------|---|--|---|---|
| Suite, Apt. #, etc.  City & State  Zip Country   | 26 Su                                |   |                            |   |                                    |   | C 114 11 113                               | SPACE                                       |   |
| Suite, Apt. #, etc.  City & State  Zip Country   | 26 Su                                |   |                            |   |                                    | 3. Date Incorporated or Qualified   |  |   |   |
| Suite, Apt. #, etc.  City & State  Zip Country   | 26 Su                                |   |                            |   |                                    | 08/16/1994<br>4. FEI Number   |  | <del></del>                                 |   |
| Suite, Apt. #, etc. 2 City & State 3 Zip Country   | 27                                   | ite. Apt #. etc.  | <del></del>                |   |                                    | 65-0513165  |  |   | Applied For<br>lot Applicable             |
| City & State  3 Zip Country  |                                      | Suite, Apt #, etc.  |                            |   | _                                  |   |  | \$8.75 Additional                           |   |
| Zip Country  |                                      |   |                            |   |                                    | 5. Certificate of Status Desired  |  |   | Required                                  |
| Zip Country  | , OI                                 | y & State   |                            |   |                                    | 6. Election Campaign Financing  |  |   | May Be                                    |
| <b>-</b> ' '   | 28                                   |   | Cours                      |   |                                    | Trust Fund Contribution   |  |   | lo Fees                                   |
| *   20   | 29 30                                |   |                            | Country   |                                    | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No              |  |   |   |
| 9. Name and Address of Curi  |                                      | d Agent   | 1301                       |   |                                    | 10. Name and Address of New R   |  |   | <u> </u>                                  |
| CONSUELO, FALCON   |                                      |   | - T                        | Nan   | e                                  |   |  |   |   |
| 4651 NW 97TH PLACE   |                                      |   | la la                      | 12 Street Address (P.O. Box Number is Not Acceptable) |                                    |   |  |   |   |
| MIAMI FL 33178   |                                      |   |                            |   |                                    |   |  |   |   |
|  |                                      |   | 6                          | 33  |                                    |   |  |   |   |
|  |                                      |   | Ī                          | 34 City   |                                    |   | FL   | 85 Zip                                      | Code                                      |
| 11. Pursuant to the provisions of Sections 607.0   | 602 and 607 1                        | 508 Florida Stati   | utes the abo               |   | od corno                           | oration submits this statement for the  |  | Changing                                    | ite registered                            |
| office or registered agent, or both, in the Sta<br>agent. I am familiar with, and accopt the ob<br>SIGNATURE   | ate of Florida 1<br>ligations of, Sc | Such change was<br>ection 607,0505, f                                       | authorized<br>Iorida Statu | by the c<br>tes.                                      | orporatio                          | on's board of directors. I hereby acce  | ept the app                                | ointment a                                  | s registered                              |
| Signatura, typed or printed name of registered   |                                      |   |                            | Agent signa   | ure require                        | d when reinstating)   | DATE                                       |   |   |
| 12. OFFICERS A   | AND DIRECTO                          | DELETE  | 13.                        | F   | <del></del>                        | ADDITIONS/CHANGES TO OFF  | ICERS AND                                  | Change                                      |   |
| NAME CONSUELO, FALCON  |                                      | осете   | 1.2 NAM                    |   |                                    |   |  | Change                                      |   |
| STREET ADDRESS 4651 NW 97 PLACE  |                                      |   |                            | EET ADDRES  | 5                                  |   |  |   |   |
| CITY-ST-ZIP MIAMI FL 33178   |                                      |   |                            | r-ST-ZIP  |                                    |   |  |   |   |
| TITLE  |                                      | ☐ DELETÉ  | 2 1 TITL                   | E   |                                    |   |  | Change                                      | Addition                                  |
| NAME   |                                      |   | 2.2 NAM                    |   | 1                                  |   |  |   |   |
| STREET ADDRESS   |                                      |   |                            | EET ADDRES  | S                                  |   |  |   |   |
| CITY-ST-ZIP  |                                      | DELETE  | 2. 4 CiT                   | Y-ST-ZIP  | <del> </del>                       |   |  | Change                                      | Addition                                  |
| NAME   |                                      | _ been  | 3.2 NAM                    |   | 1                                  |   |  | Onlange                                     |   |
| STREET ADDRESS   |                                      |   |                            | EET ADDRES  | s                                  |   |  |   |   |
| CITY-ST-ZIP  |                                      |   | 1                          | Y-ST-ZIP  |                                    |   |  |   |   |
| UULE   |                                      | DELETE  | 4.1 TITL                   | E   |                                    | <del></del>   |  | ☐ Change                                    | Addition                                  |
| NAME   |                                      |   | 4. 2 NA)                   | ME  | 1                                  |   |  |   |   |
| STREET ADDRESS   |                                      |   |                            | EET ADDRES  | S                                  |   |  |   |   |
| CITY-ST-ZIP  |                                      | DELETE  | 4.4 C(TY<br>5.1 TITL       | -ST-ZIP   |                                    |   |  | Change                                      | Addition                                  |
| VAME   |                                      | L_J UCLETE  | 5.2 NAM                    |   |                                    |   |  | - Vitalitye                                 | C Vocation                                |
| STREET ADDRESS   |                                      |   |                            | eet addres  | ,                                  |   |  |   |   |
| CITY-S1-ZIP  |                                      |   |                            | (-ST-ZIP  |                                    |   |  |   |   |
| ITILE  |                                      | DELETE  | 6.1 TITL                   |   | 1                                  |   | <del></del>                                | Change                                      | Addition                                  |
| RAME   |                                      |   | 6.2 NAM                    | 1E  | 1                                  |   |  |   |   |
| STREET ADDRESS   |                                      |   | 6.3 STR                    | EET ADDRES  | 3                                  |   |  |   |   |
| CITY-ST-ZIP  |                                      |   | 6.4 CITY                   | - ST - ZIP  |                                    | 140 07/0/65 7   | Tik mate                                   | 10 E 1 A) 1 1 12                            |   |
| 14. Thereby certify that the information supplied<br>indicated on this annual report or supplied<br>officer or director of the corporation or the rigidal<br>Block 12 or Block 13 if changed, or organic | nacrimoni wiirj                      | does not quality<br>port is true find ac<br>ee empowered in<br>fin address. | A                          |   | ated in S<br>signature<br>as requi | ection 119.07(3)(i), Florida Statutes.<br>e shall have the same legal effect as<br>red by Chapter 607, Florida Statutes | I further ce<br>if made un<br>; and that r | rtify that th<br>der oath; th<br>ny name aj | e information<br>hat I am an<br>opears in |