SECSAR XXXX	CEXCOPPORATION WHIME BEFORE AN OR SERVE FOR SERVE SER	REPARTMENT OF THE STATES	BERTEMBER SOX Exto demotate for	1990x 191x	APPRU AN	~
AMENDED I	PORATION	4	TMENT OF STATE		F ILE	.U
	JAL REPORT	Sandra B. Secretary	. Mortham v of State		98 NOV 16 1	PH 1 E :
] .	1998 \$61.25	DIVISION OF C	='		1	
DOCUMENT # P9400066346 (SECRETARY OF STATE TALLAHASSEE, FLORIDA	
,	•			ļ		•
Principal Place		Mailing Address	·			
219.	4 W 84 St.	2194 20	84 5%.			
Highest, Fl. 33016 Highest, Fi			1.33016		DO NOT WRITE IN TH	IS SPACE
}	•	•••		Ì	3. Date Incorporated or Qualified 9/09/1994	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0519862	Not Applicable
Suite, Apt	· •	Suite, Apt. #, etc.		-	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Country		•	
24	9. Name and Address of Current R		30]			
CAM	PANO GAGTAN		81 Name			
l .	25 29 30 Personal Property Tax due June 30. Let Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
1			83			
High	(eah, Fl. 33016	•				
			84 City		F	L 85 Zip Code
l office or re	earstered agent, or both, in the State of F	lorida. Such change was aut	thorized by the corp	corpora oration?	ation submits this statement for the purpose is board of directors. I hereby accept the ap-	of changing its registered
agent. Lar	n familiar with, and accept the obligation	is of, Section 607.0505, Flori	da Statutes.			
SIGNATURE _	Signature typed or printed name of registered agent an	d title if applicable (NOTE.	Registered Agent signature	e required	when reinstaling) DATE	<u> </u>
12.	OFFICERS AND D		13.	1 =	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE NAME	GASTON CAMPA	NO DELETE.	1.1 TITLE 1.2 NAME		GATON CAMMONO	DDIRECTORS IN 12 Change Addition
STREET ADDRESS	3900 NW 79 A	n # 4.64	1 3 STREET ADDRESS	25	'44 W 34 5t.	869
CITY-ST-ZIP	Mismi, Fl.		1.4 CITY - ST- ZIP	HI	quenn. Fl. 33016	
TITLE	UP	DELETE	2.1 TITLE]		☐ Change ☐ Addition ☐
NAME STREET AODRESS	3900 NW 79 Ave. #		2.2 NAME 2.3 STREET ADDRESS		40000267:	
CITY-ST-ZIP	Migmi, Fl.	• • •	2 4 CITY-ST-ZIP		-11/19/98- 	-01084001
TITLE	ST	DELETE 1	3,1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change L Addition
NAME	ESMUNDO HERN	INGEZ.	32 NAME		•	
STREET ADDRESS CITY-ST-ZIP	7500 SW 165 TO Miemi. Pl.	5 < . •	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE	VI	- Seake teley	Change Addition
NAME			4. 2 NAME	MA	thony Camparo	
STREET ADDRESS			4.3 STREET ADDRESS	164	- PH NOW 39 ST.	-
CITY-ST-ZIP		☐ DELETÉ	4.4 CITY-ST-ZIP 5.1 TITLE	C+2	AI SPAINES, F1. 33065	Change Addition
NAME			52 NAME	4	00002672664	2
STREET ADDRESS			5 3 STREET ADDRESS		-10/26/9801103	-008
CITY - ST - ZIP		- Fineress	5.4 CITY-ST-ZIP	 	*****20.00 *****	
TITLE NAME		- LI DELETE	6 1 TITLE 6 2 NAME			Change Addition
STREET ADDRESS			63 STREET ADDRESS		So.	1112
CITY-SI-ZIP			6 4 CITY - ST - ZIP		<u>_</u> !	
14. I hereby of indicated	ertify that the information supplied with t on this annual report or supplemental an	his filing does not quality for nual report is true and accur	the exemption state rate and that my sig	ed in Sec nature s	ction 119.07(3)(i), Florida Statutes. I further o hall have the same legal effect as if made u d by Chapter 607, Florida Statutes; and that	ertify that the information nder oath; that I am an
g ficer or o	director of the corporation or the receiver	or trustee empowered to ex	ecute this report as	require	d by Chapter 607, Florida Statutes; and that	my name appears in

SIGNATURE:

(305) 556-8818 Dayling Phone #