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 # P94000075876 (0)

FILED
May 19 1998 8:00am
Secretary of State

| Principal Place of Business 8675 NW 53 STREET. SUITE 109 MIAMI FL 33166 B875 NW 53 STREET. SUITE 109 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/13/1994 4. FEI Number 4. FEI Number 65-0528810 Not Applied For Not Applieable Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State 28. Country Country Country Railing Address 6. Election Campaign Financing Trust Fund Contribution Added to Fees Added to Fees Added to Fees | PALM AVENUE #18, INC. | | | | | | | | | |
|--|--|--|---------------------------------------|-------------|---|-------------------|---|---------------|--------------------------------|--|
| Malling Address ### STREET SUITE 109 #### MAIN FL 33168 ### STREET SUITE 109 #### MAIN FL 33168 ### DO NOT WRITE in THIS SPACE ### DO NOT WRITE in THIS | | | | | | | 4 1401/461 1/8 (PAU OCTA BANK BANK AND PROCESS | | 618 6 111 18 6 9 | |
| ### STREET. SUITE 109 ### STREET. SUITE 109 ### MAME FL 30168 ## | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| MAM FL 39168 MAM FL 39168 MAM FL 39168 MAM FL 39168 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/15/19/19/19/19 2. Principal Place of Business 2. Mailing Address Suffe, Apt. #, etc. City & State City & State City & State 2. Country 7/2 Country 7/2 Country 8. Name and Address of Current Registered Agent RAMIREZ, FRED ESQ. 10041 PINE BIVD. SUTE C PEMBROKE PINES FL 33024 11. Pursuant to the provincins of Sections 607 0002 and 607 1100. Florids Statutes, the above-named corporation's board of directors. I hereby accept the ellipsic mode, the complete of State of Florids. Statutes. 12. OF FICE HIS AND DRIFT CORS 13. NAME ALVAREZ, MAXIMO ALVAREZ, MAXIMO ALVAREZ, MAXIMO DELTE 2. 37 MAM FL 33168 DELTE 2. 37 MAM FL 33168 DELTE 2. 37 MAM FL 33168 DELTE 3. Date Incorporation registered and complete in the State of Florids. Statutes. DO NOT WRITE IN THIS SPACE 5. Conflicted of Status Desired 6. Esocion Campaign Financing 7. Tour Function Conflicted of Status Plantage of Conflicted Agent 10. Name and Address of New Registered Agent 11. Name and Address (P.O. Box Number is Not Acceptable) 12. Section Campaign is registered 13. Name and Address (P.O. Box Number is Not Acceptable) 14. City years 15. Conflicted of Status Desired 16. Esocion Campaign Financing 7. Name and Address of New Registered | • | | | | | | | | | |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 565-6828810 Not Applicable 527 Not Applicable 565-6828810 See | _ **·* * *** | | | | | | | | | |
| 2. Principal Place of Businoss 28. Maxing Address 4. Fet Number Applied For Applied For Stoke, Apt. #, etc. 5. Subte, Apt. #, etc. 5. Subte, Apt. #, etc. 5. Certificate of Status Desired S. F. F. Additional Fee Required Fee | MIRMI FE 55100 | | | | | | DO NOT WRITE IN THIS S | SPACE | | |
| 2. Principal Place of Business 2a. Maining Address 4. FET Number Applied for Suite, Apt. #, etc. 55.0828810 Not Applicable for Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. 27 Suite 5. Certificate of Status Desired Suite, Apt. #, etc. 27 Suite 5. Certificate of Status Desired Suite, Apt. #, etc. 27 Suite 5. Certificate of Status Desired Suite, Apt. #, etc. 27 Suite 5. Certificate of Status Desired Suite, Apt. #, etc. 27 Suite 5. Certificate of Status Desired Suite, Apt. #, etc. 27 Suite 5. Certificate of Status Desired Suite, Apt. #, etc. 27 Suite 5. Certificate of Status Desired Suite 28 Suite 5. Certificate of Status Desired Suite 28 Suite 5. Certificate of Status Desired Suite 5. Certificate 5. Certificate 5. Certificate Suite 5. Certificate 5. Certificate 5. Certificate Suite 5. Certificate 5. Certificate 5. Certificate 5. Certificate | | | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | lace of Business | <u> </u> | | | | | | | |
| City & State Ci | | # atc | . | | | | 0370320010 | | | |
| City & State Zip | | #, GIC. | h1 | | | | 5. Certificate of Status Desired | | | |
| Zip | | в | | | | · | 6. Election Campaign Financing | \$5.00 | May Be | |
| 9. Name and Address of Current Registered Agent RAMIREZ, FRED ESQ. 1004 I PINE BLVD. SUITE C PEMBROKE PINES FL 33024 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Signature, landed or protections 607 0507 and 607 1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, or both in the State of Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. AURIL 12 NAME 15. ANAME 15. ALVAREZ, MAXIMO 16. SIRRET ADDRESS 17. ST-2P 17. AURIL 12 DELETE 18. STREET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Change Addition 10. Change Addition 10. Change Addition 10. Change Addition 10. STREET ADDRESS 10. STREET | 23 | | 28 | | | | | | | |
| 9. Name and Address of Current Registered Agent RAMIREZ, FRED ESO. 10041 PINE BLVD. SUITE C PEMBROKE PINES FL 33024 84 City FL 85 Zip Code 11. Parament to the processors of Sections 607 0.00 and 607 1508. Florida Statutes. The above-named corporation submits this statement for the processor of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0.005, Florida Statutes. The above-named corporation submits this statement for the processor of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0.005, Florida Statutes. SIGNATURE System Address (P.O. Box Number is Not Acceptable) 11. Parament to the processors of Sections 607 0.005, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered after the processor of the processo | Zip | Country | Zip | | ıntry | | · · · · · · · · · · · · · · · · · · · | | | |
| RAMIREZ, FRED ESO. 10041 PINE BLVD. SUITE C PEMBROKE PINES FL 33024 82 Sireet Address (P.O. Box Number is Not Acceptable) 83 Sireet Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, 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 by the corporation's board of directors. I hereby accept the appointment as registered of the families with an advanced the obligations of Noscine 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered agont appraised appoint appraise required where revealable in the proposed appointment as registered agont appraised appointment as registered appraised appointment as registered appraised appointment as registered appraised appraised appointment as registered appraised appraised appointment as registered appraised appointment as registered appraised ap | 24 | | | 30 | т | | | | J No | |
| NOTE PINE BLVD. SUITE C PEMBROKE PINES FL 33024 82 Street Address (P.O. Box Number is Not Acceptable) 83 | 54 | | Hegistered Agent | | 81 | Neme | 10. Name and Adoress of New Registered | - Agent | | |
| SUTTE C PEMBROKE PINES FL 33024 83 84 City FL 88 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Horida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE The permitter with, and accept the obligations of, Section 607.0506, Florida Statutes. The permitter with, and accept the obligations of, Section 607.0506, Florida Statutes. The permitter with, and accept the obligations of, Section 607.0506, Florida Statutes. The permitter with, and accept the obligations of, Section 607.0506, Florida Statutes. The permitter with, and accept the obligations of, Section 607.0506, Florida Statutes. The permitter with, and accept the obligations of, Section 607.0506, Florida Statutes. The permitter with, and accept the obligations of, Section 607.0506, Florida Statutes. The permitter with, and accept the obligations of, Section 607.0506, Florida Statutes. The permitter with, and accept the obligations of, Section 607.0506, Florida Statutes. The permitter with, and accept the obligations of, Section 607.0506, Florida Statutes. The permitter with, and accept the obligations of, Section 607.0506, Florida Statutes. The permitter with, and accept the obligations of, Section 607.0506, Florida Statutes. The permitter with, and accept the obligations of, Section 607.0506, Florida Statutes. The permitter with, and accept the obligations of, Section 607.0506, Florida Statutes. The permitter with, and accept the obligations of, Section 607.0506, Florida Statutes. The permitter with, and accept the obligations of, Section 607.0506, Florida Statutes. The permitter with, and accept the obligations of, Section 607.0506, Florida Statutes. The permitter with, and accept the obligations of, Section 607.0506, Florida Statutes. The permitter with, and accept the appointment as registered agent square required when remaining | | ·· ··· · · · · · · · · | | | | ···· | | | | |
| PEMBROKE PINES FL 33024 84 City FL 85 Zip Code 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 agent, are familiar with, and accept the obligations of Section 07.0505, Florida Statutes. SIGNATURE Signature, hyred or present name of impostered agent and the Unique also Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE PSTD ALVAREZ, MAXIMO ALVAREZ, MAXIMO BOTHER, SUITE 109 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. Change Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Change Addition 10. Change Addition 10. Change Addition 11. Change Addition 11. Change Addition 11. Change Addition 12. NAME 13. SIRRET ADDRESS 14. CITY-ST-ZIP 15. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. Change Addition 16. Change Addition 17. Change Addition 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Change Addition 19. Change Add | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| SIGNATURE Signature, byend or prefet frame of mightiend agend and stor, it signature also agend agend or prefet frame of mightien of signature and signatur | | - | | | 83 | | | | | |
| 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the opportment as registered agent, a milliant with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or product curre of registered agent and title. If anythreality. In International PSTD ALVAREZ, MAXIMO 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PSTD ALVAREZ, MAXIMO 12. AMME SIRRET ADDRESS 6075 NW 53 STREET, SUITE 109 13. SIRRET ADDRESS 6077-ST-2P MIAMI FL 33168 14. CITY-ST-2IP TITLE DELETE 21. TITLE DELETE 21. TITLE DELETE 31. Change Addition Addition Addition AMME SIRRET ADDRESS CITY-ST-2P TITLE DELETE 31. Change Addition Addition AMME SIRRET ADDRESS CITY-ST-2P TITLE DELETE 41. TITLE DELETE 41. TITLE DELETE 41. TITLE DELETE Addition AMME SIRRET ADDRESS CITY-ST-2P TITLE DELETE 41. TITLE DELETE Addition AMME SIRRET ADDRESS CITY-ST-2P TITLE DELETE Addition Addition Addition AMME SIRRET ADDRESS CITY-ST-2P TITLE DELETE 41. TITLE DELETE Addition | , _ | MONONE I MEO I E CODET | | | | 0:: | | | 0==== | |
| Agent. I am familiar with, and accept the obligations of, Section EU/LOSUS, Florida Statutes. Signature Sprature S | | | | | 1 1 | • | | | | |
| Agent. I am familiar with, and accept the obligations of, Section EU/LOSUS, Florida Statutes. Signature Sprature S | 11. Pyrsuant | to the provisions of Sections 607.0502 | and 607 1508, Florida Statu | les, the a | bove | e-named co | orporation submits this statement for the purpose of | changing i | its registered | |
| 12. OFFICERS AND DIRECTORS 1.3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSTD | 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | | | | |
| 12. OFFICERS AND DIRECTORS 1.3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSTD | SIGNATURE | | | | | | | | | |
| DELETE 1.1 TITLE Change Addition | | | | | d Age | int signature rec | • | DIBECTO | BS IN 12 | |
| NAME | | | | | ITLE | | ADDITIONO/OFFIANCES TO OFFICE TO ARE | _ | | |
| STREET ADDRESS 8675 NW 53 STREET, SUITE 109 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE DELETE 2.2 NAME 2.2 NAME DELETE 2.4 CITY-ST-ZIP DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE Addition Addi | | | | | | | | | | |
| City-St-ZiP | I | | 109 | | | ADDRESS | | | | |
| TITLE DELETE 2.1 TITLE Change Addition NAME 2.2 NAME | | MIAMI FL 33166 | | 1,4 0 | ITY - S | T-ZIP | | | | |
| STREET ADDRESS 2.3 STREET ADDRESS 2.4 C/IY-ST-Z/IP | | | ☐ DELETE | 2.1 TITLE | | | | Change | Addition | |
| CITY-ST-ZIP | NAME | | | 2.2 NAME | | | | | ļ | |
| TITLE DELETE 31 TITLE Change Addition NAME 32 NAME 32 NAME | STREET ADDRESS | | | 2.3 STREE | | ADDRESS | | | | |
| NAME \$1 | | | T prieze | | | ST-ZIP | | Chance | - I Reliion | |
| STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP | | | ☐ DETE(F | • | | | | cuange | L MOUNDIN | |
| CITY-ST-ZIP 34. CITY-ST-ZIP Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition | | | | | | ADDRECC | | | | |
| 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 | | | | | | | | | | |
| NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP | | | | | | 21-71L | | Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-SY-ZIP | | | | 1 | | | | - | | |
| Deleter Deleter | | | | 4.3 S | TAEET | ADDRESS | | | - | |
| TITLE DELETE 51 TITLE Change Addition | CITY-ST-ZIP | | | 4.4 CITY- | | Y-ZIP | | | | |
| | TITLE | | ☐ DELETE | | | | | Change | ☐ Addition | |
| NAME 52 NAME | NAME | | | | | | | | | |
| STREET ADDRESS 5.3 STREET ADDRESS | STREET ADDRESS | | | 5.3 \$ | TREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | T BELEZE | | | I - ZIP | | Chanca | Addition | |
| Time State S | | | ☐ DETE (F | | | | | ∟ı ∪nange | ☐ ×00000011 | |
| NAME | | | | | | ADDRESS | | | | |
| STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP | | | | | | - 1 | | | | |
| 64 CITY-51-2IP 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 around 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 | 14. I hereby o | 1 certify that the information supplied wi | th this filing does not qualify | for the ex | emp | tion stated | in Section 119.07(3)(i), Florida Statutes. I further or | rtify that th | e information | |

4. 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 I am an 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 trusted 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 addless.

1-29-98

305-477-5800