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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #- Corporation Name P94000075913 (1)

FILED May 11 1998 8:00am Secretary of State

	T MINNI A	uto speci	ALIOT, INC.	•										
Principal Plac	e of Business		N	Aailing Addr	r#655					# ####################################	ISTAT SIRAR VISTAL I	1841 TILLE	H HI res (III II	H
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MIAMI FL 33161 MIAMI FL 33161										DO NOT I	UDITE ALTER	0.004.05		
us us								ļ-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
										·	mea			
2. Principal P	lace of Busin	ess	2a	- Mailing A	ddress					10/13/1994 4. FEI Number	<u> </u>		Applied I	For
21			26	├ ─┐						65-0530519		-	Not Appl	
Suite, ADL #. etc.				Suite, Apt. #, etc.					+			\$8.7	5 Additio	
22			27	harman in the state of the stat						5. Certificate of Status Desired Fee Required				
City & Stat	le			City & Sta	310					6. Election Campaign Finance	ing	\$5.0	00 May E	3e
23			28		_					Trust Fund Contribution		Add	ed to Feet	s
Zip	[Country	<u></u>	Zıp			ountry		i	8. This corporation owes or h	•			e
24		25	[29]		4	30	-,-			Personal Property Tax due		Yes	□ No	
			f Current Regi	stered Age	nt		81	Name		10. Name and Address of No	w Hegistere	ru Agent		
	JINONES, LI							HAITE						
	580 NE 2NO						82	Street A	Address	s (P.O. Box Number is Not Acc	eptable)			
Mi	AMI FL 3316	52					83							
							84	City			F	85 2	ip Code	
11. Pursuant	to the provisi	ons of Sections	607 0502 and 6	607.1508 F	and Care	es the	above	L	COLDOLE	ation submits this statement for			a its reais	tered
					киса маш			a-named t						
office or t	registered ag	ent, or both, in t	he State of Flori	ida. Such cl	hange was i	authoriz	ed by	the corp	poration	n's board of directors. I hereby	accept the a	ppointment	as rediste	ered
	registered ag im familiar wit	ent, or both, in t h, and accept t	he State of Flori he obligations o	ida. Such cl of, Section 6	hange was a 507.0505, Fi	authoriz orida St	red by tatutes	e-named of the corp s.	oration	ation submits this statement for o's board of directors. I hereby	accept the a	ppointment	as rediste	ered
office or s agent. I a SIGNATURE			the State of Flori he obligations of palared agent and tilk							's board of directors. I hereby when reinstating)	accept the a		as registe	ered
		or printed name of rec		e il applicable CTORS	(NO)		xed Age				DATE		ORS IN 1	2
SIGNATURE	Signature, typed	or printed name of rec OFFIC	palered agent and till	e il applicable CTORS		E: Registe	xed Age			when reinstating)	DATE		ORS IN 1	
SIGNATURE	Signature, typed D QUINON	or printed name of rec OFFIC	palered agent and till	e il applicable CTORS	(NO)	E: Registe 13	red Age 3.			when reinstating)	DATE	ND DIRECT	ORS IN 1	2
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nereby 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 suppliemental 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 trueffe 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, as on an attachment with an address.

4/30/90