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 # P94000077034 (4)

BORRAS R.P.T.A., PA.

FILED May 19 1998 8:00am Secretary of State



Principal Place of Business			Mailing Address						*** ******		100 1111	0/01/1991	
9810 SW 164TH STREET			9610 SW 164TH STREET										
MIAMI FL 33157			MIAMI FL 33157					DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualified					
								10/13/1994					
2. Principal P	ace of Business	2a. Mail	ing Address					4. FEI Number		$\neg \tau$	Ap	plied For	
21			26					65-0528619				t Applicable	
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.					1	7	\$8.	75 /	dditional	
22		27	27					Certificate of Status Desired				quired	
City & State	9	City	& State					6. Election Campaign Financing		\$5	.00	May Be	
23		28						Trust Fund Contribution					
Zip	Country	Zip	Zip Cour			itry		8. This corporation owes or has paid t	he curr	ent ye	ar Int	angible	
24	25	29		30				Personal Property Tax due June 30		Yes		No	
	9. Name and Address of Current	Registered	Agent					10. Name and Address of New Regis	ered A	gent			
BOF	r ras , virginia d				81	Na	me						
	0 SW 164TH STREET				82	Str	eet Addre	ess (P.O. Box Number is Not Acceptable)					
MIA	MI FL 33157												
					83			· · · · · · · · · · · · · · · · · · ·					
					84	Cit				85	Zip (`odo	
					"	Cit	у		FL	05	Zip t	,000	
11. Pursuant	to the provisions of Sections 607.0502	and 607.15	08, Fiorida Statu	tes, the at	OOVE	o-nar	ned corpo	oration submits this statement for the purp	ose of	chanç	jing it	s registered	
office or re	egi ste red agent, or both, in the State i m f am iliar with, and accout the oblica	of Florida. Su tions of Sec	uch change was tion 607.0505 Ei	authorized Iorida Stat	d by ules	the	corporatio	on's board of directors. I hereby accept the	e appo	intme	nt as	registered	
	Talling the field of the field		,		_,,								
SIGNATURE	Signature, typed or printed name of registered agen	it and title if appli	rable (NO	TE Ringistered	d Ago	on s gr	alure require	d when reinstating)	DATE			l	
12.	OFFICERS AND	DIRECTOR	S	13.				ADDITIONS/CHANGES TO OFFICER	S AND	DIRE	CTOR	S IN 12	
TITLE	PD		☐ DELETE	1.1 10	TLE					Ch	ange	Addition	
NAME	BORRAS, VIRGINIA D			1.2 NA	ME								
STREET ADDRESS	9610 SW 164TH STREET			1.3 ST	REET.	ADDRI	SS						
CITY-ST-ZIP	MIAMI FL 33157			1.4 CI	TY-S	T-ZIP]						
TITLE			DELETE	21 111	ILE					Ch	ange	Addition	
NAME				2.2 NA	ME								
STREET ADDRESS				2.3 \$1	REET.	ADDRE	ss						
CITY-ST-ZIP				2 4 C	ITY-S	ST- Z IP	1						
TITLE			DELETE	3.1 10	ΓLE					Ch	ange	Addition	
NAME				3.2 NA	ME								
STREET ADDRESS				3.3 ST	REET	ADDRI	SS						
CITY-ST-ZIP				3.4. CI	TY-S	ST - ZIP	1						
TITLE			DELETE	4.1 10						Ch	ange	Addition	
NAME				4. 2 N	AME								
STREET ADDRESS				4.3 ST	REET	ADDRE	SS						
CITY-ST-ZIP				4.4 CI	TY-S1	T-ZIP							
TITLE			DELETE	5.1 TII						Ch	ange	Addition	
NAME				5.2 NA	ME								
STREET ADDRESS						ADDRE	ss						
CITY-ST-ZIP				5.4 CI									
TITLE			DELETE	6.1 TH		. 4.11	_			Ch	ange	Addition	
NAME				6.2 NA					•		•	_	
STREET ADDRESS						ADDRE	22:						
							.50						
CITY-ST-ZIP	autification takes in formation accordingly of the	t it is Comme	does not suglify t	6.4 CF			I I I I I I I I	Continue (10.07/2)/i) Florida Statutas Liud	<u> </u>			1-4	

indicated on this annual report or supplicemental 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, from an attachment with an address?

205-234-0422