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 # POACCOMPAGE (Q)

1. Corpora PIPE			ORPORATIO		0204 (8	,					I JARNEARI HR JAHN ANNIK BAHN RAWI AN		a) 1811 4 11888 11	(# . 4.14. 1 4. 1
Dringle at Di	nan al Dunina				(I)					ļ				
Principal Place of Business Mailing Address											•			
90 EDGEWATER DR C/O MARTINEZ. 1699 CORAL W 908 510														
CORAL GABLES FL 33133					MIAMI FL 33145				DO NOT WRITE IN THIS SPACE					
US				US	US				3.	Date Incorporated or Qualified 10/25/1994				
2. Principa	Place of Bus	ness		2a.	2a. Mailing Address				4.	FEI Number		A	pplied For	
21				26						65-0533020		N(ot Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.				5.	Certificate of Status Desired			Additional equired	
City & St 23	ate			28	City & State					6.	Election Campaign Financing Trust Fund Contribution			May Be
Zip		C	ountry					ountry			Trust Fund Contribution			
24		25			29 30					"	Personal Property Tax due June			∏ No
	9. Name	and A	Address of Curre	ent Regist	ered Agent					10.	Name and Address of New Re	gistered	Agent	
M	ARTINEZ-CII), RIC	ardo				81	Name	:					
1699 CORAL WAY STE 510								Street	Addre	ss (F	P.O. Box Number is Not Accepta	ble)		
	IAMI FL 331		83											
								City				FL	. 1 1	Code
11. Pursuar office o agent.	sions o gent, o rith, an	Sections 607.05 both, in the State accept the obli	02 and 60 te of Florid gations of,	7.1508, Florida Stat a. Such change was Section 607.0505, l	e-named y the col s.	d corpo rporatio	ratio n's t	in submits this statement for the poord of directors. I hereby acce	ourpose of pt the app	f changing it pointment as	is registered registered			
SIGNATURE		d or printe	ed name of registered s	gent and tille i	applicable. (N	OTE: Registe	red Age	ent signatur	e required	l wher	n reinstating)	DATE		
12.			OFFICERS A	ND DIREC				13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	1\$ IN 12
TITLE	DPST				DELETE	1.1	TITLE						Change	☐ Addition
NAME	LUZARD					1.2	NAME							
STREET ADDRESS			ER DR, #908		138			1.3 STREET ADDRESS						
CITY-ST-ZIP	CORAL	GABL	ES FL					ST-ZIP			<u> </u>			
TITLE	ν,,,,,,				☐ DELETE	2.1	TITLE						Change	■ Addition
NAME	LEDUAR						NAME							
STREET ADDRESS			ER DR, #908			2.3	STREET	ADDRESS						
CITY-ST-ZIP	CORAL	GABL	es fl		DELETE		CITY-S	ST-ZIP					1 0	Telephone
TITLE	SOTO, I	OADE	l			1	TITLE						∐ Change	☐ Addition
NAME OTREET ADDRESS			L ER DR, #908				NAME	4000000						
STREET ADDRESS	CORAL						CITY-9	ADDRESS						
TITLE	V	WW.	2016		DELETE	****	TITLE	51-212	 -				Change	Addition
NAME	LUZARD	O BO	DOLEO		عاددات		NAME						CT CHOUNGS	
STREET ADDRESS			ER DR, #908					ADDRESS						
CITY-ST-ZIP	CORAL	GABL	ES FL				CITY-S							
TITLE	1		· · -		DELETE		TITLE			•		 	Change	Addition
NAME	1						NAME						·- •	_ '
STREET ADDRESS	;					- 1		ADDRESS						
CITY-ST-ZIP	1					5.4	CITY-S	T-ZIP						
TITLE					DELETE		TITLE						☐ Change	☐ Addition
NAME						6.2	NAME							
STREET ADDRESS						6.3	ADDRESS							
AIRL AT TIC	1					1			i					

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 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 control of the control of the control of 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 chapter 607, an attachment with an address.

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FILED

Mar 27 1998 8:00am

Secretary of State