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

	MENT # P94000 NINE-LINEA DEL SUENO &			 	1847 1847 1848 1840 HAN ANN ANN ANN
Principal Place of Business Mailing Address					
1393 SW 151		6900 BAY DR			
#360		APT PH B			
		MIAMI BEACH FL 3314	11	DO NOT WRITE IN THIS SPACE	
U\$				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		10/27/1994 4. FEI Number	Applied For
21		26		25-0553338	Not Applicable
Suite, Apt.	#, otc.	Suite, Apt. #, etc.	,		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Added to Fees
Zip	Country	Ζ φ	Country	8. This corporation owes or has paid to	
24	9. Name and Address of Current	29 Registered Agent	30	Personal Property Tax due June 30 10. Name and Address of New Regis	
GC	NZALEZ-DOMECH, CARMEN		81 Name		
6900 BAY DR, SUITE PHB			100	(0.0 0.0)	
APT PH B			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
MIAMI BEACH FL 33141			83		
			84 City		85 Zip Code
			[]		FL
office or r agent. I a SIGNATURE	ni taniliar with, and accept the obliga	tions of, Section 607.0005,	Fiorida Statules.	poration submits this statement for the purp ation's board of directors. I hereby accept the	pose of changing its registered the appointment as registered
12.	Signature, typind or printed name of registered agent and title if applicable (NOT OFFICERS AND DIRECTORS		OTE: Augistered Agent signature requ	ADDITIONS/CHANGES TO OFFICER	
TITLE	DA	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER ALVAREZ, ELSIE		1.2 NAME		
STREET ADDRESS	AAAA MALL DID AME DAAM		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY- ST-ZIP		
TITLE	D	☐ DEFEIF	2 1 TITLE		Change
NAME	DOMECH GONZALEZ, CARMEN		2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	T DELETE	2.4 CITY-ST-ZIP		Tours District
TITLE		DELETE	31 TITLE		Change Addition
NAME			3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			3.3 STREET ADDRESS		į
CITY-ST-ZIP 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		
TITLE		DELFTE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CHTY - ST - ZIP		
TITLE		☐ DELFTE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		

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 conforation or the receiver or further 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 or the appears of the same legal effect as if made under oath; that I am an officer or director of the conforation or the receiver or further employees.

SIGNATURE:

FILED

Mar 16 1998 8:00am

Secretary of State