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 # P94000086025 (1)

Principal Place 1205 LINCOLI #213 MIAMI BEACH US	N ROAD	Mailing Address 1205 LINCOLN ROA #213 MIAMI BEACH F 33 US			3. Date Incorporated or Qualified	E IN THIS SPACE	
2. Principal P	Place of Business	2a. Mailing Address	\$		11/23/1994 4. FEI Number		Applied For
21		26			65-0537985		Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc 27	c.		5. Certificate of Status Desired	1 1 7 -	.75 Additional ee Required
City & Stat	te	City & State			6. Election Campaign Financing		5.00 May Be
23 Zip	Country	28	Country		Trust Fund Contribution		dded to Fees
24	25	29	30		8. This corporation owes or has pa Personal Property Tax due June		
		Current Registered Agent			10. Name and Address of New Re		
MO	ONTELLO, LOUIS R		81	Name			
701 BRICKELL AVENUE SUITE 1200 MIAMI FL 33131			82 Street Ad		ess (P.O. Box Number is Not Acceptate	ole)	
	WW 1 E 0010 .		84	City		FL 65	Zip Code
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.1508, Florida	Stalutes, the above-r	named corpo	oration submits this statement for the p		ging its registered
agent. I a SIGNATURE	im familiar with, and accopt the Signature, typed or purited name of regis	e obligations of, Section 607.050 tered agent and little of applicable	05, Florida Statutes. (NOTE: Regislered Agent			purpose of changot the appointment	
agent. I a SIGNATURE	m familiar with, and accopt the Signature, typed or profes name of regis	o obligations of, Section 607.050 Interest agent and title of applicable RS AND DIRECTORS	05, Florida Statutes. (NOTE Registered Agent) 13.			DATE DATE DATE DATE	CTORS IN 12
agent. I a SIGNATURE 12. IIILE	Signature, hyand or printed name of regis OFFICE	e obligations of, Section 607.050 tered agent and little of applicable	(NOTE Registered Agent) 13. TE 11 TITLE		ed when reinstating)	purpose of changot the appointment	CTORS IN 12
agent. I a SIGNATURE 12. THLE NAME	Signature, hyand or printed name of regis OFFICE: D WEISS, ROBIN D	o obligations of, Section 607.050 Itered agent and fille of applicable RS AND DIRECTORS DELET	(NOTE Registered Agent 13. IE 1.1 TILE 1.2 NAME	signature require	ed when reinstating)	DATE DATE DATE DATE	CTORS IN 12
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I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statules. If further certify that the informatic 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 trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an altachment with an address.

FILED

May 13 1998 8:00am

Secretary of State