## 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

## FILED Mar 10 1998 8:00am Secretary of State

Į.	•	MENT on Name DAR FOO	# <b>P940</b> 0 DD CORP.	8000	36043 (4	4)				
Principal Place of Business Mailing Address								- E FOURMOUT DE CURIO DE DEC BOTAL BOTAL	OBILL BRIOL SOLID BUILD	48(0) <b>0</b> 7080 (()) (00)
7366 NW 12 ST 7366 NW 12 ST										
MIAMI FL 33126 MIAMI FL 33126										
									E IN THIS SPACE	
								3. Date Incorporated or Qualified		
	Principal F	Diago of Duci		00.1	Mailing Address		····	11/16/1994		1
_	Principal P	al Place of Business 26			2a. Mailing Address		4. FEI Number	ļ-	Applied For	
21	Suite Ant	Apt. #, etc.			Suite, Apt. #, etc.			65-0539195		Not Applicable  75 Additional
22	oone, rept.	To the second se			27			5. Certificate of Status Desired	1 1 '	e Required
	City & State				City & State			6. Election Campaign Financing		.00 May Be
23	•				28			Trust Fund Contribution		ded to Fees
	Zip	<del>-</del>	Country		Zip	Country	/	8. This corporation owes or has pa		
24		25 29			30		Personal Property Tax due June 30.  Yes No			
		9. Name	and Address of Curre	nt Registe	red Agent			10. Name and Address of New Re	gistered Agent	
	C	DUADROS,	MARIA			81	Name			
	1	1445 SW 1	28 ST			82	Street Addre	ess (P.O. Box Number is Not Acceptate	ble)	
	M	MIAMI FL 33	3186			[**	Oli oci / iddic	335 (1.0. Dox Normbor 13 Nor Noodplat	5107	
,						83				
						84	Cav		las I	Zin Code
						84	City		FL  85	Zip Code
11.	Pursuant office or r agent. La	to the provis registered ag am familiar w	sions of Sections 607.05 gent, or both, in the Stat ith, and accept the oblig	02 and 607 e of Florida gations of,	7.1508, Florida State 3. Such change was Section 607.0505, 1	utes, the above s authorized by Florida Statute	e-named corporations.	oration submits this statement for the pon's board of directors. I hereby acce	ourpose of change of the appointmen	ng its registered it as registered
	SNATURE									İ
		Signature typec	or printed name of registered as			OTE: Registered Age	ent signature require		DATE	
12.		PD	OFFICERS AT	AD DIRECT	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIREC	
TITL			ROS, MARIA		CT OECEIE	1.1 TITLE	1		LI CIII	ilds [   Wodillon )
NAM			SW 128 ST			1.2 NAME				
	EET ADDRESS	_	FL 33186			1.3 STREET				1
TITL	Y-ST-ZIP	STD	LF 22 100		DELETE	1.4 City - S 2.1 Title	ST- ZIP		Cha	
			OO, PEDRO A							
NAM			SW 128 ST					***************************************		nge 🔲 Addition
	EET ADORESS		311 120 01			2.2 NAME			G/a	nge L Addition
TITL	/-ST-ZIP	. 3416.841				2.3 STREET				nge Addition
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NAM	E AE	MIAMI			☐ DELETE	2.3 STREET  2. 4 CITY-3  3.1 TITLE  3.2 NAME	ST - 2(P			
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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 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 receivor 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, or on an attachment with an address.

SIGNATURE: M

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3-3-98

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