## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400087186 (0)

FILED Feb 02 1998 8:00am Secretary of State

CARDONA OF MIAMI, INC.				d had being till the man had been about about		
Principal Plac	e of Business	Mailing Address			4 englisher nen innit Athre Antri Diller merzi Anti	e taler famás nems lánsá ánsa ladi
3501 SW 8TH	f ST	3501 SW 8TH ST				
SUITE 211 SUITE 211						
MIAMI FL 33135 MIAMI FL 33135					DO NOT WRITE IN TI	HIS SPACE
US		U\$			3. Date Incorporated or Qualified	
<u> </u>	less of Discourse				12/01/1994	
		2a, Mailing Address			4. FEI Number	Applied For
26   Suite, Apt. #, etc.   Suite, Apt. #, etc.					65-0541737	Not Applicable  \$8.75 Additional
22 27					5. Certificate of Status Desired	Fee Required
	City & State City & State				6, Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the	
24	25 29 30		30	Personal Property Tax due June 30. 🔀 Yes 🔲 No		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Register	red Agent
EG	GARTER, ERIK		81	Name		
151	193 MONTROSE RD		82	Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAMI LAKES FL 33016						
			83	3		_
i			84	City		85 Zip Code
				],		▝┗▕▔▎
11, Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statu	tes, the above	e-named corp	poration submits this statement for the purpos	se of changing its registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, FI	orida Statute	s.	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered a	gent and trife it applicable. (NOT ND DIRECTORS		icut eignature requi	red when reinstating) DA	
12.	PSD OF MICERS AI	ND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	CONARD, DON			1		C quange C Monthou
STREET ADORESS	P.O. BOX 1253 N/A		1.2 NAME	7 . DODE-00		
1 1	BIG SANDY TX 75755		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	DELETE		2.1 TITLE	ST-ZIP		Change Addition
NAME			1			C Ottorige C Huditton
STREET ADDRESS			2.2 NAME	T ADDRESS		
CITY-ST-ZIP	- L		2.4 City-			
TITLE			3.1 TITLE	21-71/		Change Addition
NAME		vectile	3.2 NAME			
STREET ADDRESS				T ADDRESS		
				1		ŀ
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- 4.1 YITLE	31- LIF		Change Addition
NAME			4. 2 NAME			Unlarge La Modition
STREET ADDRESS				T ADDRESS		1
CITY-ST-ZIP			4.4 CITY -			
TITLE			5.1 TITLE	01-41F		Change Addition
NAME			5.2 NAME			CT ******* CT \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY - 1			1
TITLE		DELETE	6.1 TO LE	31-4IF		Change Addition
				1		

6.2 NAME

6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 corporation 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 charged, or on an attachment with an address.

SIGNATURE.