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

1. Corporation Name Principal Place of Business Mailing Address 2555 COLLINS AVENUE 2555 COLLINS AVENUE										
SUITE 2412 SUITE 2412						DO MOT MODE IN THE OPACE				
MIAMI BEACI	H FL 33140	MIAMI BEACH	MIAMI BEACH FL 33140			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						12/20/1994				
2. Principal F	Place of Business	2s, Mailing Add	2a. Mailing Address			4. FEI Number Appli			olied For	
1		26				65-0577902	5-0577902 Not Applice			
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			5. Certificate of Status Desired	f Status Desired S8.75 Additional Fee Required			
City & Stat	е	City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 4	Country Zip 29		30	Country		This corporation owes or has paid the Personal Property Tax due June 30.	· · · · · · · · · · · · · · · · · · ·			
	9. Name and Address of C		1,001			10. Name and Address of New Registers				
agent La	to the provisions of Sections 60 registered agent, or both in the m familiar with, and accept the	7.0502 and 607.1508, Flor State of Florida Such cha obligations of, Section 607	da Statutes, tr nge was autho .0505, Florida	ne above orized by Statutes	City e-named cor the corpora	poration submits this statement for the purposition's board of directors. I hereby accept the a		'		
SIGNATURE	Signature, typica or printed name of respirator	rest agent and the it hapterable	(NOTE Reg	istered Age	ent signature requ	ired when reinstating) DAT				
12.	OFFICERS AND DIFFECTORS			13.		ADDITIONS/CHANGES TO OFFICERS A				
TITLE	PSTD		ELETE	1.1 TITLE				Change	Addition	
NAME	FARIAS, JOAO P	OTE 0440		1.2 NAME						
STREET ADDRESS	2555 COLLINS AVENUE STE 2412			1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL 33140				T- ZIP			Change	Additio	
TITLE		L_) [.		21 TITLE 22 NAME				OHAIIBE	MOUNTO	
NAME STREET ADDRESS			1	22 NAME 23 STREET	Anneess					
City-SI-ZIP				2.4 DITY-5	· 1					
TIFLE		DELETE		31 TITLE				Change	Additio	
NAME		_		3.2 NAME]			•		
STREET ADDRESS				3.3 STREET	ADDRESS					
CITY-ST-ZIP				3.4. CITY - 5	ST-ZIP					
TITLE			ELE 1E	4.1 TITLE				Change	Addition	
NAME	1		1	A 2 NAME	1					

CITY-ST-ZIP 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 rinning 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 cognoration or the registration of the cognoration or the registration of the cognoration of the cognoration of the registration of the cognoration of the registration of the cognoration of the registration of the cognoration of the cognora

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 THILE

5.2 NAME

6.1 TITLE

6 2 NAME

DELFTE

DELETE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME STREET ADDRESS

NAME

305-499-9393

Change

Change

Addition

Addition

FILED

Feb 17 1998 8:00am

Secretary of State