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 # P9500 NAME NAME					IN REEL ERW ERW EEN EEN EER
Principal Place of Business Mailing Address					1 100/1685/ (19 1014) 80/11 60/() 01/1/ 80/14 00/() 6/	FAN BIOGN HONN BONN ADN 1001
4180 W. 16TH AVENUE SUITE 402 HIALEAH FL 3301		141 NE 24TH STREET MIAMI FL 33137 US		DO NOT WRITE IN THIS	S SPACE	
					3. Date Incorporated or Qualified	
6 Principal D	lace of Business	2a. Mailing Address			01/19/1995 4. FEI Number	
21	lace of Business	26. Walling Address			65-0551473	Applied For Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additional
27		<u> </u>			5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 ip	Country	,	8. This corporation owes or has paid the c	urrent year Intangible
24	25		30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent	B1	1 11	10. Name and Address of New Registered	d Agent
	LDES, JUAN E			Name		i
4160 W. 16TH AVENUE			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 402			63	 -		
HIA	NLEAH FL 33012		65			
			84	City	F	85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statute:	S. 	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
12.	Signature, typed or printed name of registered age	D DIRECTORS (NOTE:	Registered Age	ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD				ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
NAME	MIRANDA, ARNALDO		1.1 TITLE 1.2 NAME	ì		
STREET ADDRESS	141 N.E. 24TH ST.		1.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33137		1.4 CITY - ST - ZIP			
TITLE			2.1 TITLE			Change Addition
NAME	SUAREZ, JOSE		2.2 NAME	- 1		
STREET ADDRESS	141 N.E. 24TH ST.		2.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-	ST-ZIP		The state of the s
TITLE		☐ DELETE	31 TITLE	1		Change Addition
NAME			3.2 NAME	4000000		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET			ŀ
TITLE		DELETE	4.1 TITLE	51-21		☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		Ì
CITY-ST-ZIP			4.4 CITY - S			
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME)		ľ
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	T-ZIP		
TIFLE		DELETE	6 1 TITLE	[Change Addition
NAME			6.2 NAME]
STREET ADDRESS			6.3 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 eath; that I am an officer or director of the corporation of the

SIGNATURE:

4-1-98

FILED

Apr 13 1998 8:00am

Secretary of State