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 # P9500005145 (4)

FILED Feb 03 1998 8:00am Secretary of State

SANMA	A CORPORATION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Principal Plac	e of Business	Mailing Address		
444 BRICKELL AVE.			SUITE 300	DO NOT WRITE IN THIS SPACE
ļ				3. Date Incorporated or Qualified
O Principal D	logs of Divisions	1 C Mailing Coldwan		01/20/1995
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For 65-0552201 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		S8 75 Additional
		27		5. Certificate of Status Desired Fee Required
City & Stat	е	City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
2-1	g. Name and Address of Current		1301	10. Name and Address of New Registered Agent
ME	RKIN, STEWART A		81 Nar	ne
444 BRICKELL AVE.		82 Stre	et Address (P.O. Box Number is Not Acceptable)	
:	ITE 300			
MIA	AMI FL 33131		83	
			84 City	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statut	s the above-nam	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida, Such change was a	authorized by the d	ed corporation submits this statement for the purpose of changing its registered orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	in familia with, and accept the congat	10113 01, 00000011 001.0000, 1 10	nide Glatates.	
SIGNATURE	Signature, typed or printed name of registered agent		: Registered Agent signs	ure required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	S CADOIA CANDDA	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	Garcia, Sandra 3690 W. Flagler Street		1,2 NAME	
	MIAMI FL 33135		1.3 STREET ADDRES	5
CITY - ST - ZIP	PVTD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Change Addition
NAME	JIMENEZ, CARLOS	_	2.2 NAME	
STREET ADDRESS	3690 W. FLAGLER STREET		2.3 STREET ADDRES	s
CITY-SY-ZIP	MIAMI FL 33135		2, 4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRES	s
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		L DELETE	4.1 TITLE	L Change L Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRES	S
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP	Change Addition
TITLE		TT nereig	5.1 TITLE	Culange [] Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRES	
			5.4 CITY - ST- ZIP	
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	Change Addition
I NAME !				
NAME STREET ADDRESS			6.2 NAME	
STREET ADDRESS 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 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 Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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Marin Bolder Carria

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CR2E034 (10/97)