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 # Pashononagos (g)

FILED May 14 1998 8:00am Secretary of State

1. Corporat		ERVICES, I) 0000	رد)								
Principal Place of Business Mailing Address										DIA UPRI UTATI		EIN BIN 1881	
11081 SW 60 ST 11081 SW 60 ST MIAMI FL 33173 MIAMI FL 33173 US US									DO NOT WRITE IN THIS SPACE				
									3. Date Incorporated or Qualified				
2. Principal	Place of Busin	ness	2a.	2a. Mailing Address					01/31/1995 4. FEI Number			pplied For	\dashv
21			26	26					65-0558082			ot Applicable	,
Suite, Ap	ot. ₩, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional	1
City & St	ate		27	City & State					6. Election Campaign Financing			equired	\dashv
23			28	⊢					Trust Fund Contribution			May Be to Fees	
Zip	Country			Zip		Country		,	8. This corporation owes or has p				1
24	9 Name	25 and Address	of Current Regis	tered Arent	30				Personal Property Tax due Jun 10. Name and Address of New R			□ No	4
<u> </u>	ANZA, ALINA		oi ourient neglis	ielea Agent		81	Name		IU. INSING BING MUDIUSS OF NOW IN	eðisteled Ví	jent		┨
	0666 SW 76					82	Street	Addres	ss (P.O. Box Number is Not Accepta	ıble)			4
N	MAMI FL 331	173					- Ciroci		oo (70. Dox (4011100) is 140(7000pte				╛
						63							
					•							Code	7
11. Pursuar office of	nt to the provis	ions of Section	s 607.0502 and 6	07.1508, Florida St	atutes, the	above	e-named	corpor	ration submits this statement for the n's board of directors. I hereby acce	purpose of c	hanging i	ts registered	7
		ith, and accept	the obligations of	, Section 607. 0 505	, Florida St	atutes	i.		no book of directors. Thoroby above	pri (no appon	Amont do	rogisterou	
SIGNATURE	Signature, typed	For printed name of r	egistered agent and little	if applicable	(NOTE Registe	red Age	nl signature	required	when reinstaling)	DATE			1.
12.		OFFI	CERS AND DIREC		13).			ADDITIONS/CHANGES TO OFF	CERS AND E	IRECTO	RS IN 12]}
TITLE	PD	A1 (A1 A A		☐ DELETE			1.1 TITLE			Ĺ	_ Change	Addition	{
NAME STREET ATMOSSS	NAME LANZA, ALINA M STREET ADDRESS 10666 SW 76 TERR						1.2 NAME 1.3 STREET ADDRESS						[8
CITY-ST-ZIP	MIAMI F					CITY-SI	j						ļ
TITLE				DELETE		TITLE					Change	Addition	5
NAME						NAME							
STREET ADDRESS CITY-ST-ZIP	`						ADDRESS						
TITLE	 			DELETE		CITY-S	1-212				Change	Addition	+
NAME					3.2	NAME							
STREET ADDRESS	\$ 						address						
CITY-ST-ZIP TITLE	 			DELETE		CITY-S	T - 21P				Change	Addition	4
NAME							4. 2 NAME			_	, onlingo	recollen	
STREET ADDRESS	3			4.3 ST			address						ı
CITY-ST-ZIP				Dri ste		CITY - ST	- ZIP				1]
title Name				DELETE		TITLE				L	_ Change	Addition	
STREET ADDRESS	,				5.2 NAI 5.3 STF		ADDRESS						
CITY-ST-ZIP						CITY-ST	į.						
TITLE				DELETE	6.1	TITLE					Change	Addition	1
NAME OTREET ADDRESS						NAME							
STREET ADDRESS CITY-ST-ZIP			6 3 STREET ADDRESS 6 4 City-St-Zip										
dd Lharabu	A CONTRACTOR	- 1-1			04	UII 1 - 51	- 211	17.6	2 440 07/0/2				4

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

Alina M. Janza

Alina M. Lanza President

A/29/98 (305) 596-0041