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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporatio	ALL MALINE	" P950 LEQUITIES, IN	1C.	04 (1)			 	
Principal Plac	e of Business	· · · · · · · · · · · · · · · · · · ·	Mailing	Mailing Address				IBEU ENVE ONN OLDI 1691
100 SE 2ND	100 SE	2ND STREET			ì			
377H FLOOR				37 FLOOR			DO NOT WRITE IN THIS	SPACE
MIAMI FL 33131 US			US	MIAMI FL 33131 US			3. Date Incorporated or Qualified	
} "							04/03/1995	
2. Principal P	2. Principal Place of Business			2a, Mailing Address			4. FEI Number	Applied For
21				26			65-0580073	Not Applicable
Suite, Apt.	#, etc.		Suite 27	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le			City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Zip Country			Zip Country		 _	This corporation owes or has paid the cur	
24	ļ.	25	29 30		⊢ ¬			Yes No
g, Name and Address of Current Register				Agent	1 50 1		10. Name and Address of New Registered	
BE	FELER, MOI	NIQUE T			81	Name		
100 SE 2ND STREET,37TH FLOOR					82	Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33131					Ĺ			
}					83			
					84	City	Fi	85 Zip Code
11. Pursuant	to the provisi	ons of Sections 607	.0502 and 607.150	8, Florida Statut	es, the abov	e-named co		changing its registered
office or r agent. I a	registered age am familiar wit	ent, or both, in the S h, and accept the o	State of Florida, Su obligations of, Sect	ch change was a on 607.0505, Flo	authorized by orida Statute	the corpora s.	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the app	ointment as registered
SIGNATURE		or printed name of registers					uired when reinstating) DATE	
12.	Olgrador, typod		AND DIRECTORS		13.	one productive root	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D			DELETE	1.1 TITLE			Change Addition
NAME	BEFELER, MONIQUE T				1.2 NAME			
STREET ADDRESS 100 SE 2ND STREET,37TH FLO			H FLOOR		1.3 STREET	ADDRESS		
CITY-ST-ZIP MIAMI FL				Classes		IT-ZIP		1-1
TITLE	D			DELETÉ	2.1 TITLE			Change Addition
NAME	1 222-12-07 11111111111				2.2 NAME			
STREET ADDRESS 200 SE 15TH ROAD UNIT 6F CITY-ST-ZIP MIAMI FL 33129			6F		2.3 STREET			
CITY-ST-ZIP TITLE	MIAMI FL	. 33129		DELETE	2.4 CITY -: 3.1 TITLE	S1 - ZIP		Change Addition
NAME					3.2 NAME	ľ		m average m vegrigor
STREET ADDRESS	1				3.3 STREET	ANNAESS		
CITY-ST-ZIP					3.4. CITY-			
TITLE	t			DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME					
STREET ADDRESS	1				4.3 STREET	ADDRESS		
CITY-ST-ZIP					4.4 CITY-5	T-ZIP		
TITLE				DELETÉ	5.1 TITLE			Change Addition
NAME	1				5.2 NAME			
STREET ADDRESS	I							
, ,	ļ				5.3 STAEET	ADDRESS		
CITY-ST-ZIP				DE FEE	5.4 CITY - S			Diagon Diagon
TITLE				☐ DELETE	5.4 CHTY - S 6.1 TITLE			☐ Change ☐ Addition
				☐ DELETE	5.4 CITY - S	T-ZIP		Change Addition

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 path; 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 lame appears in Block 12 or Block 13 if changed or on an attachment with an address.

FILED

Apr 15 1998 8:00am

Secretary of State