## 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 #
1. Corporation Name P95000034271 (3)

| Principal Place of Business                    | Mailing Address                                |   |
|--|--|---|
| 2333 BRICKELL AVE 1416<br>Miami FL 33129<br>US | 2333 BRICKELL AVE 1416<br>Miami Fl 33129<br>US |   |
|  |  | 3 |
| 2. Principal Place of Business                 | 2a. Mailing Address                            | 4 |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc.                            |   |
| 22   | 27   | 5 |
| City & State                                   | City & State                                   | 6 |

**FILED** Apr 06 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address    |  |                               |  |                            |  |               | 1010 11011         | <b>                                    </b> |
|--|--|-------------------------------|--|----------------------------|--|---------------|--------------------|---|
| 2333 BRICKELL AVE 1416<br>MIAMI FL 33129<br>US |  |                               | 2333 BRIGKELL AVE 1416<br>Miami FL 33129<br>US |                            |  |               |                    |   |
|  |  |                               |  |                            | DO NOT WRITE IN THIS SPACE   |               |                    |   |
|  |  |                               |  |                            | 3. Date incorporated or Qualified 05/02/1995   |               |                    |   |
|  | Place of Business  | 2a. Mailing Address           |  |                            | 4. FEI Number  |               | T A                | optied for                                  |
| 21   |  | 26                            |  |                            | 65-0578681   |               | No                 | ot Applicable                               |
| Suite, Apt.                                    | . #, <b>e</b> lc.  | Suite, Apt. #, etc.           |  |                            | 5. Certificate of Status Desired   |               | 8.75               | Additional                                  |
| 22   |  | 27                            |  |                            | Commente of olding bearing   |               | Fee Re             | equired                                     |
| City & Stal                                    | le .   | City & State                  |  |                            | 6. Election Campaign Financing   |               |                    | May Be                                      |
| <b>Zip</b>                                     | Country  | ZID                           | Coun   | tru                        | Trust Fund Contribution  |               |                    | to Fees                                     |
| 24   | 25   | 29                            | 30   | uy                         | 8. This corporation owes or has pai<br>Personal Property Tax due June                |               |                    | tangible  <br>  No                          |
| [24]   | 9. Name and Address of Curre   |                               | [30]   |                            | 10. Name and Address of New Rec  |               |                    |   |
| i  | EAO, VIVIANE   |                               | 1  | 31 Name                    |  | ,             |                    |   |
|  | 333 BRICKELL AVE 1416  |                               | ļ.,  | <b>S S S S S S S S S S</b> |  |               |                    |   |
|  | MAMI FL 33129  |                               |  | Street Add                 | ress (P.O. Box Number is Not Acceptabl   | e)            |                    |   |
|  |  |                               | E  | 33                         |  |               |                    |   |
|  |  |                               | ļ.   |                            | · <del></del>  | ····          | <del></del>        |   |
|  |  |                               | 18   | City                       |  | FL  8         | . <b>5</b>   Zip ( | Code  |
| Diffice or i                                   | to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig | e of Florida. Such change was | authorized                                     | by the corpora             | poration submits this statement for the pution's board of directors. I hereby accept | irnoed of cha | inging it          | s registered<br>registered                  |
| SIGNATURE                                      |  |                               |  |                            |  |               |                    |   |
| 18   | Signature, typod or printed name of registered ag  |                               |  | Agont signature requ       | ired when reinstalling)  | DATE          |                    |   |
| 12.  | T  | D DIRECTORS  DELETE           | 13.  |                            | ADDITIONS/CHANGES TO OFFICE  |               |                    |   |
| TITLE<br>NAME                                  | D<br>Leao, Viviane   | LJ Utitit                     | 11 TITL  |                            |  | LJ            | Change             | Addition                                    |
| STREET ADDRESS                                 | 2333 BRICKELL AVE. 1416  |                               | 12 NAM   |                            |  |               |                    | -   |
| CITY-ST-ZIP                                    | MIAMI FL   |                               |  | EET ADDRESS                |  |               |                    | ĺ   |
| TITLE  | D  | ☐ DELET <b>E</b>              | 2.1 TITL                                       | - ST - ZIP                 |  |               | Change             | Addition                                    |
| NAME   | LEAO, CRISTINE   |                               | 2.2 NAM  |                            |  |               | Gliange            | Addition                                    |
| STREET ADDRESS                                 | 2333 BRICKELL AVE. 708   |                               |  | E1 ADDRESS                 |  |               |                    |   |
| CITY-ST-ZIP                                    | MIAM FL  |                               |  | 7-S1-ZIP                   |  |               |                    |   |
| TITLE  |  | DELETE                        | 3 1 TITLI                                      |                            |  |               | Change             | Addition                                    |
| NAME   |  |                               | 3.2 NAM  | E                          |  |               | •                  | İ   |
| STREET ADDRESS                                 |  |                               | 3 3 STRE                                       | ET ADDRESS                 |  |               |                    |   |
| CITY-ST-ZIP                                    |  |                               | 3.4. CITY                                      | /-ST-7IP                   |  |               |                    |   |
| TITLE  |  | DELETE                        | 4.1 TiTLE                                      |                            |  |               | Change             | Addition                                    |
| NAME   |  |                               | 4. 2 NAN                                       | 16                         |  |               |                    |   |
| STREET ADDRESS                                 |  |                               | 4.3 STRE                                       | FT ADORESS                 |  |               |                    |   |
| CITY-ST-ZIP                                    | -  |                               | 4.4 CITY                                       | - ST- ZIP                  |  |               |                    |   |
| TITLE  |  | DELETE                        | 5.1 1171.6                                     |                            |  |               | Change             | Addition                                    |
| NAME   |  |                               | 5.2 NAM  | j                          |  |               |                    |   |
| STREET ADDRESS                                 |  |                               |  | F1 ADDRESS                 |  |               |                    |   |
| CITY-ST-ZIP                                    |  | DELETE                        | 5.4 City                                       |                            |  | <del></del>   |                    |   |
| TITLE  |  | ☐ DELETE                      | 6.1 TITLE                                      |                            |  |               | Change             | Addition                                    |
| NAME APPRICACE                                 |  |                               | 6.2 NAM.                                       | 1                          |  |               |                    |   |
| STREET ADDRESS                                 |  |                               | 1  | ET ADDRESS                 |  |               |                    |   |
| CITY-ST-ZIP                                    |  |                               | 6,4 CITY                                       | - ST- ZIP                  |  |               |                    |   |

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 or the receiver or trustee emporated 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 addition.

GNATURE:

OY/01/93

(305) C43

O 755

SIGNATURE: