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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME STREET ADORESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000046591 (0)

Principal Plac 2414 S.W. 87 MIAMI FL 331 2. Principal F 21 Suite, Apt. 22 City & Stat	30 STREET CORP. The of Business Tace of Business W. etc.	Mailing Address 2414 S.W. 8TH ST. MIAMI FL 33135 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State			DO NOT WRITE IN T. 3. Date Incorporated or Qualified 06/15/1995 4. FEI Number 65-0633047 5. Certificate of Status Desired 6. Election Campaign Financing		For cable
Zip Country		28 Zip	ip Country		Trust Fund Contribution 8. This corporation owes or has paid the	Added to Fees	
24	F-3 ' F-3 ' F		30	to the desponding of the point the days in your time			<u> </u>
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registe	ed Agent	
ARAZOZA, COMAS, DE TORRES & FERNANDEZ P.A. 101 MADEIRA AVE. CORAL GABLES FL 33134				Name Street Add	dress (P.O. Box Number is Not Acceptable)	85 Zip Code	
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.03 egistered agent, or both, in the Starm familiar with, and accept the obli-				poration submits this statement for the purposition's board of directors. I hereby accept the		ered red
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	2 3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Grande, Manuel A 2720 SW 129TH AVE MIAMI FL 33175	DELETE	1.4 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1	T ADDRESS		☐ Change ☐ Ac	noilibt
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Grande, Elia 2720 SW 129TH AVE Miami Fl 33175	☐ DELETE	2.1 TITLE 2.2 NAME	F ADDRESS		☐ Change ☐ Ad	Idition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRANDE, CARLOS M 1037 ALFONSO CORAL GABLES FL 33146	☐ DELETE	3.1 TITLE 3.2 NAME	I ADDRESS		Change Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Grande, Frank 2414 SW 8 ST Miami Fl 33135	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-5	T ADDRESS ST-ZIP		☐ Change ☐ Ad	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CHY-S	f Adoress St-zip		Change Ad	dition
TITLE		DELETE	6.1 TITLE			Change Ad	dition

14. Thereby 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 of the recoive or trustee engowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an attackment with a address.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

03/18

205-663 OFF

FILED

Mar 26 1998 8:00am

Secretary of State