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

FILED Mar 26 1998 8:00am Secretary of State

| DOCUMENT # P95000046600 (9) 1479 N.W. 5 STREET CORP. | | | | | | | | | | | |
|------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------|------------------------------------|-----------------|----------|------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|----------------------------|--------|
| Principal Place of Business Mailing Address | | | | | | | ı (2011-001 116 söndi 611)) Balıl Ağlıl Gölif 61 | IIII 41214 E114 | 96111 46 1 | 48 [1 1 8 6] | |
| 2414 S.W. 87 MIAMI FL 331 | | 2414 S.W. BTH CT. Miami Fl 33135 | | | | | | | | | |
| MINMITE SSIGS | | | | | | | DO NOT WRITE IN | THIS SPACE | Ε | | |
| ŀ | | | | | | | 3. Date Incorporated or Qualified | | | | 7 |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | | 06/15/1995 4. FEI Number | | - | | 4 |
| 21 Suite Ant | TIACE OF DUSINESS | 26 | | | | | 65-0633058 | | | plied For at Applicable | ┨ |
| J SURB, API. | | | | | | | · | - \$8 | _ | Additional | 1 |
| 22 | 27 | | | | | | 5. Certificate of Status Desired | ا ر | ee Re | poriupe |] |
| City & Stat | te | City & State | ite | | |) | Election Campaign Financing | | | May Be | |
| Zip | Country | Country Zip (| | | | | Trust Fund Contribution | | | to Fees | 1 |
| 24 | 25 29 30 | | | Country | | | This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | | |
| | 9, Name and Address of Curre | | 1001 | _ | | | 10. Name and Address of New Regist | | | | 1 |
| ARAZOZA COMAS DE TORRES & FERNANDEZ FRAGA | | | | | Name | | | | | | 7 |
| 101 MADEIRA AVE. | | | | 82 | Street A | Address | ddress (P.O. Box Number is Not Acceptable) | | | | 1 |
| CORAL GABLES FL 33134 | | | | 100 | | | | | | | ┨ |
| | | | | 63 | | | | | | | |
| | | | | 84 | City | | | FL 85 | Zip (| Code |] |
| 11. Pursuant | to the provisions of Sections 607.050 | 02 and 607.1508, Florida Statu | tes, the at | pove- | named c | corpora | ation submits this statement for the purp 's board of directors. I hereby accept th | | ging it | s registered | 1 |
| office or r agent. I a | registered agent, or both, in the State im familiar with, and accept the oblig | e of Florida. Such change was lations of, Section 607.0505, Fl | authorized orida Stati | d by t utes. | the corpo | oration | 's board of directors. I hereby accept th | e appointme | es inc | registered | 1 |
| SIGNATURE | | | | | | | | | | | ł |
| | Signature, typod or printed name of registered agent and title if applicable (No | | | E: Registered Agent signature requ | | | | ALLE DIE | | | -1€ |
| 12. | OFFICERS AN | DELETE | | 13. | | | ADDITIONS/CHANGES TO OFFICERS | | hange | Addition | 10/01 |
| NAME | GRANDE, MANUEL A | | | 1.2 NAME | | | | | .ago | | |
| STREET ADDRESS | 2720 SW 129TH AVE | 1.3 | | 1.3 STREET ADDRESS | | | | | | | R2Fn34 |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY | | ZIP | | | | | | 3 |
| TITLE | VP | ☐ DELETE | 2.1 1(1 | LE | | | | □ c | nange | Addition | ြင |
| NAME | GRANDE, ELIA | : 2.2 N | | 2.2 NAME | | | 1 | | | | |
| STREET ADDRESS | 2720 SW 129TH AVE | | | 2.3 STREET ADDRESS | | | ., | | | | |
| CITY+ST-ZIP TITLE | S S | | | 2. 4 CITY-ST-ZIP 3.1 TITLE | | | | CI | nange | Addition | - |
| NAME | GRANDE, CARLOS M | <u> </u> | 3.2 NAME | | 1 | | | | | | 1 |
| STREET ADDRESS | 2720 SW 129TH AVE | | 3.3 STREE | | DORESS | | | | | | 1 |
| CITY-ST-ZIP | MIAMI FL | | | | .4. CITY-ST-ZIP | | | | | | |
| TITLE | T COANIC COANIC | ☐ DELETE | 4.1 TIT | | | | | ☐ CI | ange | Addition | ļ |
| NAME | GRANDE, FRANK | | 4. 2 NA | | | | | | | | |
| STREET ADDRESS | 2414 SW 8 ST Miami Fl | | | | DORESS | | | | | | |
| CITY-ST-ZIP TITLE | Makana (F | DELETE | 4.4 CIT 5.1 TIT | | ZO | | | □ CF | ange | Addition | 1 |
| NAME | | | 5.2 NAME | | | | | | - | | |
| STREET ADDRESS | | | 5.3 STREET | | DDRESS | | | | | | |
| CITY-ST-ZIP | | | 5.4 CIT | Y-ST- | ZIP | | | | | |] |
| TITLE | | ☐ DELETE | 6.1 TIT | | | | | □ Cr | ange | Addition | |
| NAME | | • | 6.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | | | | | | | |
| CITY-ST-ZIP | podify that the information a profind u | ith this filing door not qualify to | | | | d in Sac | tion 110 07/3/(i) Florida Statutes furth | or cortificati | at the | information | 1 |

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 or the receiver or trustee empowered to exocute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes of the receiver of t

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