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 # P95000051792 (6)

M. LUDY GROSO, P.A.

| 145 200 | T GIOOO, I IA | | | | | | | | | |
|------------------------|---|-----------------|------------------------|----------------|-----------|-----------------------|---|------------------------|-------------|-----------------|
| Principal Plac | e of Business | Ma | ailing Address | | | | - | 88111 88484 841 | 101 | IONA 1809 1001 |
| 2625 COLLINS AVE #1408 | | 26 | 2625 COLLINS AVE #1408 | | | | | | | |
| MIAMI FL 33140 | | | MIAMI FL 33140 | | | | , | | | |
| 1 | | | | | | | DO NOT WRI | | SPACE | · · · · · · |
| | | | | | | | 3. Date Incorporated or Qualified 07/05/1995 | 3 | | _ |
| — ` | lace of Business | 2a. | Mailing Address | | | | 4. FEI Number | | | Applied For |
| 21 | | 26 | | | | | 65-06 06707 | | | Not Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional |
| 22 | | 27 | Oit . 8 Ctata | | | | | | | Required |
| City & Stat | e | - | City & State | | | | 6. Election Campaign Financing | | | May Be |
| Zip | Country | 28 | Zip | T Co | ountry | , | Trust Fund Contribution | | · · · · · · | to Fees |
| 24 | 25 | 29 | Z.ip | 30 | , o , | ' | This corporation owes or has Personal Property Tax due Ju | | | ntangibie No |
| 24 | 9. Name and Address of Curi | | tered Agent | [30] | 1 | | 10. Name and Address of New I | | | |
| BO | DRIGUEZ, JORGE A | | | | 81 | Name JORG | | | | |
| 11256 SW 153 CT | | | | | - | JORE | E A. KODRIGUEZ | C.P.A | · | |
| MIAMI FL 33196 | | | | | 82 | 772/ | ss (P.O. Box Number is Not Accept SW 62 Ave. Surf | adie) 2 Z o/ | | |
| | an 1 5 00 100 | | | | 83 | | | | | |
| | | | | | 84 | City | // /////////////////////////////////// | FI | | Code 3/4-7 |
| 11, Pursuant | to the provisions of Sections 607.0 | 502 and 60 | 07.1508, Florida Statu | tes, the | above | e-named corpo | pration submits this statement for the | purpose c | of changing | its registered |
| office or r | egistered agent or both, in the Sta | ate of Floric | la. Such change was | authorize | ed by | the corporation | oration submits this statement for the on's board of directors. I hereby acc | ept the apr | pointment a | s registered |
| | Charle Congress | ngations of | , 3600011 607.0300, 11 | Oliua Gie | atutos | 5 . | | 2 | (.97) | |
| SIGNATURE | Signifiure, typed or printed name of registered | agent and litte | If applicable (NO | TE: Register | ed Age | ent signature require | d when reinstating) | DATE | 7 10 | |
| 12. | OFFICERS A | AND DIREC | TORS | 13. | | ··· | ADDITIONS/CHANGES TO OFF | ICERS AND | D DIRECTO | RS IN 12 |
| TITLE | D | | ☐ DELE TE | 1.11 | TITLE | Ì | | | ☐ Change | Addition |
| NAME | GROSO, MARIA L | | | 1.21 | NAME | | | | | |
| STREET ADDRESS | 2625 COLUNS AVE #1408 | | | 1.3 9 | STREET | ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL 33140 | | | 1.4 (| CITY-S | T-ZIP | | | | |
| TITLE | | | ☐ DELETE | 2.1 1 | TITLE | | | | ☐ Change | ■ Addition |
| NAME | | | | 2.21 | NAME | | | | | |
| STREET ADDRESS | | | | 2.3 5 | STAEET | ADDRESS | | | | |
| CITY-ST-ZIP | | | | _ | CITY-S | ST-ZIP | | | | |
| TITLE | | | ☐ DELET E | 3.11 | | | | | Change | Addition |
| NAME | | | | | NAME | | | | | |
| STREET ADDRESS | | | | 3.3 9 | STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | T per ete | | CITY - S | ST-ZIP | | | Channe | Addition |
| TITLE | | | ☐ DELETE | | TITLE | | | | Change | Addition |
| NAME | | | | | NAME | | | | | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | - | | DELETÉ | 4.4 (5.1 T | CITY - ST | I-ZIP | | | ☐ Change | Addition |
| TITLE | | | L. DULLIE | | | | | | | |
| NAME CONCER ADDRESS | | | | | NAME | ADDRESS | | | | |
| STREET ADDRESS | | | | | | | | | | |
| CITY-\$T-ZIP TITLE | · · · · · · · · · · · · · · · · · · · | | ☐ DELETE | 6.1 7 | CITY-ST | 1- ZIP | | | Change | Addition |
| NAME | | | - > | | NAME | - | | | - Vinnigo | |
| STREET ADDRESS | | | | | | ADDRESS | | | | |
| L CCSMUUA ISBNIE | | | | 0.3 3 | 24NCE1 | UNDUESO | | | | |

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 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 part an attachment with an address.

OLONIATURE:

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3/10/A8

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FILED

Mar 17 1998 8:00am

Secretary of State