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 # P95000053285 (9)

Principal Plac 3800 W. PAF HOLLYWOOD	K ROAD	Mailing Address 3800 W. PARK ROAD HOLLYWOOD FL 33021		DO NOT WRITE IN THIS 3. Date incorporated or Qualified	
_ ·_ ·				07/11/1995	
	face of Business	2a. Mailing Address		4. FEI Number 65-0605114	Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	Ð	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zıp	Country	8. This corporation owes or has paid the c	
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered	d Agent
RODRIGUEZ, HECTOR 3600 W. PARK ROAD			81 Name 82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
HO	DLLYWOOD FL 33021			iss (1.5, box 14611bb) is 1461 1460 piaso)	
			83		<u>-</u>
			84 City		85 Zip Code
		<u> </u>		FI	L '
SIGNATURE	egistered adont, or both, in the State in familiar with and accept the oblig	Musice	Ithorized by the corporation of the Statutes. Registered Agent signature require	oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate of the purpose of the	opgintment as registered
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	RODRIGUEZ, HECTOR		1.2 NAME		
STREET ADDRESS	3600 W. PARK ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP		
TITLE	D DODGOUEZ POANIA	DELETE	2.1 TITLE		Change Addition
NAME	RODRIGUEZ, IDANIA		2.2 NAME		
STREET ADDRESS	3000 W. PARK ROAD HOLLYWOOD FL 33021		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	HOLLIWOOD PL 33021	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	<u> </u>	Change Addition
NAME			3.2 NAME		C CHANGE C ACCURAT
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		•
TITLE		DELETE	4.1 TITLE	<u> </u>	☐ Change ☐ Addition
NAME			4, 2 NAME		_
STREET ADDRESS			4.3 STREET ADDRESS		
City-St-21P			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST-ZIP		•
TOTLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY CT 310			CACITY CY 71D		

14. I hereby certify that the information supplied with this filling 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 trustet empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changes of or an attachment with an address.

4-16-98

FILED

May 01 1998 8:00am

Secretary of State