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

APPROVED AND

98 MAR 30 AM II: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corporatio		CRAFT, INC.	JUU542U8 (U			
Principal Plac	o of Busines	ss	Mailing Address		I AMMINEMY NIM HOURD MYSSI MOSTS MORTH #9591 MOSTS	MANA KIRIK AMIN ODIDI ADII IDRI
2300 CORAL WAY			2300 CORAL WAY			
#200 LIIAUI EL 22146			#200		AND MOTOR OF THE	10 00 4 OF
MIAMI FL 33145			MIAMI FL 33145		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
ĺ					07/13/1995	
2. Principal P	lace of Busi	ness	2a. Mailing Address		4. FEI Number	Applied For
21 230	O COR	AL WAY	26 2300 CORA	L WAY	65 -05 92765	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 SUITE #200			27 SUITE #20	0	5. Certificate of States 203/164	Fee Required
City & State			City & State		6. Election Campaign Financing	\$5.00 May Be
23 MIA	MI, F.	LORIDA		ORIDA	Trust Fund Contribution	Added to Fees
Zip	4.0	Country	Zip	Country	8. This corporation owes or has paid the o	
24 331	45 Name	and Address of Curre	29 33145	30 U.S.	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
E1 /		NUAL REPORT SERV		81 Name	10. Hanne Bill Decises of tion Hedistels	in Lifetin
			HUL; HU.			
2300 CORAL WAY SUITE 200				82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
1	AMI FL 331	145		83	70000247 9	
ĺ ''' -	111111 12 00				****150.00	
				84 City	*****130.U	1 63 m 2 d 5 G a D C
11. Pursuant office or r	to the provis	sip/), 9 Sections 607.05	507 and 607. 508, Florida Statu	ites, the above-named cor	poration submits this statement for the purpose	of changing its registered
office or r agent. I a	echsterekt ar mitamitiek v	tink olyhodh, ir/hyn Stai in agaileithau th-bhi	ite of Florida. Such change was Mations of, Section 607.0505, F	authorized by the corpora lorida Statutes.	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
						1 1
SIGNATURE		THE THE	24-4-			122/98
	Signature, lyped	or product name of registered a	agent and the rapplicable (NO	AMADA CA TE Registered Agent signature requ	NTERA LOPEZ/PRES. DAT/	122/98_
12.		or product name of registered a	agent and the Proplicable (NO ND DIRECTORS	AMADA CA IE Registered Agent signature requ 13.		/2 2/98 ND DIRECTORS IN 12
12. 101LE	PD	For Linux of registered a OFF ICERS A	agent and the rapplicable (NO	TE Registered Agent signature requirements 13.	NTERA LOPEZ/PRES. DAT/	122/98_
12. TITLE NAME	PD ZERON	OFFICERS A	agent and the Proplicable (NO ND DIRECTORS	AMADA CA It. Registered Agent a gnature requ 13. 1.1 TITLE 1.2 NAME	NTERA LOPEZ/PRES. DAT/	/2 2/98 ND DIRECTORS IN 12
12. Title NAME Street address	PD ZERON 2721 W	OFFICERS A JOSE A JEST 74 STREET	agent and the Proplicable (NO ND DIRECTORS	A MADA CA IL Registered Agent signature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	NTERA LOPEZ/PRES. DAT/	/2 2/98 ND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZERON 2721 W HIALEA	OFFICERS A	NO DIRECTORS DELETE	AMADA CA IL Registered Agent a gnature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	NTERA LOPEZ/PRES. DAT/	ND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD ZERON 2721 W HIALEA S	JOSE A JEST 74 STREET H FL 33016	agent and the Proplicable (NO ND DIRECTORS	AMADA CA IL Registered Agent a gnature requ 13. 1.1 THLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 THLE	NTERA LOPEZ/PRES. DAT/	/2 2/98 ND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ZERON 2721 W HIALEA S ZERON	OFFICERS A JOSE A JEST 74 STREET H FL 33016 , RAUL A	NO DIRECTORS DELETE	AMADA CA	NTERA LOPEZ/PRES. DAT/	ND DIRECTORS IN 12 Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD ZERON 2721 W HIALEA S ZERON 3148 N	JOSE A JOSE A JEST 74 STREET H FL 33016 RAUL A W 35 STREET	NO DIRECTORS DELETE	TE Registered Agent a grature required. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	NTERA LOPEZ/PRES. DAT/	ND DIRECTORS IN 12 Change Addition
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CITY-ST-ZIP

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 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 address

SIGNATURE: