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

PROFIT CORPORATION



Apr 29 1998 8:00am

FILED

	IUAL REPORT		Secretary of State DIVISION OF COHPORATIONS		Secretary of State		
DOCL 1. Corporati	JMENT #	D9506)(DOL	,531			
Co	ASTAL 1	MANU JACE	furing	, <u>De</u> ,		•	
Principal Pla	ce of Business	109h LA	Address				
H.	mlenh,	FL	3301	3	DO NOT WRITE 3. Date Incorporated or Qualified	IN THIS SPACE	·
2. Principal	Place of Business	28. Ma 26	iling Address		4. FEI Number 65-059657	-	pplied For lot Applicable
Suite, Apl	t #, etc.	Suri 27	te. Apl. #. etc.		5. Certificate of Status Desired	□ \$8.75	Additional lequired
Слу 6 Sta	SAME		a State		6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be to Fees
Zip 24	25	29		Country 30	This corporation owes or has paid Personal Property Tax due June 3	d the current year in 30 🔲 Yes [
Qla	NN SAG	ress of Current Registered	onique p	61 Name	10. Name and Address of New Reg	istered Agent	
2809 Parico Arie # 220 82 Street Address					ess (P.O. Box Number is Not Acceptable	»)	·
Moanin, FL 33/33							
						FL	Code
11. Pursuant office or agent 1:	t to the provisions of Sec registered agent, or bot and familiar with land ac	tions 607.0502 and 607.15 h, in the State of Florida. Si cept the obligations of, Sec	i08, Florida Statule: uch change was au stion 607,0505, Flor	s, the above-named corp uthorized by the corporati rida Statutes.	oration submits this statement for the pulion's board of directors. I hereby accept	rpose of changing it the appointment as	is registered registered
SIGNATURE		Excise as teneral and little if appli		Regulered Agent signature require		DATE	
12.) FICERS AND DIRECTOR		13,	ADDITIONS/CHANGES TO OFFICE		15 IN 12
TOTALE	PRESIDEN	T	☐ DELETE	A A TITLE		Change	Addition S
HAME	SIMON F	ernandez		1.2 NAME			Addition
STREET ADDRESS CITY+ST-ZIP	4730 E.	FL 330	13	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			Ĭ,
TITLE	SECRET		DELETE	2.1 TITLE		Change	Addition C
NAME	GLANN S	toren	. _	2.2 NAME		_ •	
STREET ADDRESS	2809 B	RD the	220	2.3 STREET ADDRESS			1
CITY-ST 7IP	Mosern	FL 3313	DELETE	2.4 CITY - ST - 7IP 3.1 (1)TLF		Chann	171443.55
NAME				3.2 NAME		L Change	Addition
SIREFT ADDRESS				3.3 STREET ADDRESS			
CITY ST ZIP				3.4 CITY-ST-ZIP			
fata F .	ļ		DELETE	4.1 TITLE		☐ Change	Addition
NAME STATE ADVISOR				4. 2 NAME 4.3 STREET ADDRESS			
STREET ADORESS OITY ST - ZIP				4.4 CITY-ST-ZIP			- 1
TITLE			DELETE	5.1 TITLE		☐ Change	Addition
NAME				5.2 NAME		\smile	£S
STREET ADDRESS	ĺ			5.3 STREET ADDRESS		i	L'29
CITY ST 21P	 		DELETE	5.4 CITY: ST - ZIP 6.1 TITLE	70000000	C- 4 17583	Addition
NAME		_	_ >,	6.2 NAME	-04/29/990109	1050 1050	AU(MIU/I
STREET ADDRESS	/			6 3 STHEET ADDRESS	70000250 -04/29/980109 ***150.00	ra ULU	
CITY - ST - ZIP	<u></u>			64 CITY - ST - ZIP			
14. I hereby of indicated officer or	certify that the information of this annual report of director of the codoorat	on supplied with this filing of r supplies ental annual repo ion or the rebeiver or truste.	toes not qualify for int is true and accur e empowered to ex-	the exemption stated in trate and that my signatur rate and that my signatur recute this report as requi	Section 119.07(3)(i), Florida Statutes. fu e shall have the same legal effect as if m fred by Chapter 607, Florida Statutes: an	rther certify that the sade under cath; that id that my name enr	information at I am an nears in
14. Thereby cartify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther certify that the information indicated on this annual report or supplier ential 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 dependent rustice 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 by an affectment with an eddress. SIGNATURE:							
SIGNAT	'IIRF.	~\/\/\\\/\\	2 LPAIN	CHINEM.	4124141	1810	6