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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P95000056590 (9)

Principal Place of Business  8290 LAKE DRIVE BLOCK D. APT. 111 MIAMI FL 33166 US	Mailing Address 8290 LAKE DRIVE BLOCK D., APT. 111 MIAMI FL 33166 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	<b>.</b>
2. Principal Place of Business	28. Mailing Address	<del></del>		07/21/1995 4. FEI Number Applied F	or
21	26			65-0611412 Not Applie	
Suite, Apt. #, etc.	Suile, Apt. #, etc.			5. Certificate of Status Desired S8.75 Addition Fee Required	al
City & State	City & State			6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees	
Zip Country 24 25	Zip	Count	у	This corporation owes or has paid the current year Intaggible     Personal Property Tax due June 30. Yes No	
9. Name and Address of Curre				10. Name and Address of New Registered Agent	
HERNANDEZ, LILLIAN L		В	Name 🚚		
350 SEVILLA AVE		8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
SUTIE 201 CORAL GABLES FL 33134		8:	3		
		8	4 City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Statiagent I am familiar with, and accept the oblig	02 and 607.1508, Florida Statutes e of Florida: Such change was au jations of, Section 607.0505, Flor	s, the abouthorized li ida Statut	L ve-named co by the corpor bs.	orporation submits this statement for the purpose of changing its registeration's board of directors. I hereby accept the appointment as registe	ered red
SIGNATURE					
Signature, typed or proded more of registered in	per Carret fille if applie afale (NOTE  NO DIRECTORS	Registered A	gent signature re	quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE D OFFICERS AN	DELETE	1.1 TITLE			ddition
NAME AGUERO, JORGE	<b>C</b>	1.2 NAM!		tord Unong. Company	
STREET ADDRESS 10366 W. FLAGLER ST.		1,3 STRE	ET ADDRESS		
CITY-ST-ZIP MIAMI FL		1.4 CITY	ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Ac	ddition
NAME		2.2 NAMI			
STREET ADDRESS			ET ADDRESS		
CiTY-ST-ZiP	DELETE	2 4 CITY		☐ Change ☐ Ar	ddition
TITLE		3.1 TITLE 3.2 NAME		E Cliange A	JUILION
NAME STREET ADDRESS			ET ADDRESS		
CITY-ST-ZIP		3 4. CITY	1		
TITLE	DELFTE	4.1 THLE		Change A	ddition
NAME		4. 2 NAM	Ε		
STREET ADDRESS		4 3 STRE	et address		
CITY-ST-ZIP		4.4 CITY	ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change L A	ddition
NAME		5.2 NAMI			
STREET ADDRESS					
STREET ADDRESS			ET ADDRESS		
CITY-ST-ZIP	Ditt	5.4 CITY	ST-ZIP	T Change T A	Idition
CITY-\$1-ZIP TIFLE	DELETE	5.4 CITY 6.1 TITLE	ST- ZIP	☐ Change ☐ Ad	ddition
CITY-\$T-ZIP TIFLE NAME	DELETE	5.4 CITY 6.1 TITLE 6.2 NAME	ST-ZIP	☐ Change ☐ Ar	dition
CITY-\$1-ZIP TIFLE	☐ DELETE	5.4 CITY 6.1 TITLE 6.2 NAME	ST- ZIP	☐ Change ☐ Ad	dition

SIGNATURE:

114. Thereby certify that the information supplied with this indicated on this annual report or supplied with this officer or director of the corporations, the resiliver of Block 12 or Block 13 if changed, of or an attachurer

02-23-98

**FILED** 

Feb 27 1998 8:00am

Secretary of State