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 #

P95000065502 (3)

TENUE	ENZA, INU.				4		
Drie sie al Die s	a of Business	Martina Balatana				T T	
· ·	ce of Business	Mailing Address					
10689 NORTH KENDALL DRIVE 10689 NORTH KENDALL SUITE 310 SUITE 310			L DRIVE		ŧ		
MIAMI FL 33176 MIAMI FL 33176				DO NOT WRITE IN THIS SPACE		S SPACE	
					3. Date Incorporated or Qualified		
					09/01/1995		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21 26					65-0609754	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional	
22		27			3. Certificate of Status Desired 42	Fee Required	
City & State City & State					Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the		
24	25	29	30		Personal Property Tax due June 30.	L Yes	
	9. Name and Address of Curr	ent Registered Agent		-1	10. Name and Address of New Registere	d Agent	
DET H. JOKS, P.A.				1 Name			
10689 NORTH KENDALL DRIVE			6	2 Street	Address (P.O. Box Number is Not Acceptable)		
SI	SUITE 310						
M	MIAMI FL 33176			3			
			8	4 000		leal 7 out	
			l°	4 City	F	85 Zip Code	
SIGNATURE	Signature, typod or printed name of registered. OFFICERS A	opent and little if applicable. (NO ND DIRECTORS	TE: Registered A	gent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P\$D	DELETE	1.1 TITLE		PSD	X Change	
NAME	CONTINI, JORGE G		1.2 NAMI	E	Contini, Jorge G.		
STREET ADDRESS 1915 BRICKELL AVE., SPT. CC9			1.3 STREET ADDRESS 1		1915 Brickell Ave., Apt.	CC9	
CITY-ST-ZIP	MIAMI FL 33129		1.4 CITY	-ST-ZIP	Miami, FL 33129		
TITLE		DELETE.	2.1 TITLE			☐ Change ☐ Addition	
NAME	i		2.2 NAM	:			
STREET ADDRESS	•		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	<u> </u>		2.4 CITY	- S1 - ZIP			
TIFLE		DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAMI	Ε			
STREET ADDRESS			33 STRE	ET ADDRESS			
CITY-ST-ZIP			34 CITY	·ST-ZIP			
TITLE		DELETE	4.1 T(1) E		-	☐ Change ☐ Addition	
NAME			4. 2 NAM	£			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-SI-ZIP			4.4 CITY	ST-ZIP		/ /	
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5 2 NAMI	:		2-1-	
STREET ADDRESS	1		5.3 STRE	ET ADDRESS	4//	ノンムル	
CITY - ST - ZIP			54 CRY	·st-zip		1900	
TITLE		☐ OF LETE	6 1 TITLE			Change Addition	
NAME			6.2 NAME	. 1	200002533 -05/22/9801073-	442	
STREET ADDRESS	1		635180	EL ADDRESS	-05/22/9801073-	-015	

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 supplienced 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

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Precident

***158.75

FILED

May 20 1998 8:00am

Secretary of State