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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

SUITE 224

MIAMI FL 33184

Suite, Apt. #, etc.

City & State

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P95000072132 (0)

Country

DIAZ DE VILLEGAS, ELENA 12260 S.W. 8TH STREET

9. Name and Address of Current Registered Agent

OLD TOWN INVESTMENT, INC.

Principal Place of Business Mailing Address 12260 S.W. 8TH ST. 8480 S.W. 94TH STREET SUITE 224 MIAMI FL 33156 MIAMI FL 33184

27

28

29

Zip

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Feb 23 1998 8:00am Secretary of State



10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

84 City Zip Code 85

Country

81 Name

83

30

office or re agent. I ar	egistered agont, or both, in the State of Florida. Such char in familiar with, and accept the obligations of, Section 607	ige was authorized by the coi 0505, Florida Statutes	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE .			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agont signatur	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		LETE 1.1 TITLE	☐ Change ☐ Addition
NAME	ALEMAN, ARMANDO J	1.2 NAME	
STREET ADDRESS	8480 S.W. 94TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	
TITLE	DE DE	LETE 2.1 TITLE	Change Addition
NAME	D E VILLEGAS, ELENA D	2.2 NAME	
STREET ADDRESS	8480 S.W. 94TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	2. 4 CITY - ST - ZIP	
TITLE	DE	LETE 3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DE	LETE 4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CiTY-ST-ZIP	·
TITLE	☐ DE	LETE 5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	□ DE	LETE 6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	000002438570 %
STREET ADDRESS		6.3 STREET ADDRESS	-02/24/9801003006 2.23
CITY-ST-ZIP		6.4 CITY - ST - ZIP	***150.00

6.4 CITY - ST - ZIP 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 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 of 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 changes, of only attachment with an address.