PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000073043 (8)

ONCE A YEAR, INC.

SIGNATURE:

Principal Place of Business	Mailing Address
55 SW 78 STREET	8355 SW 78 STREET
IAMI FL 33143	MIAMI FL 33143

FILED Jul 29 1998 8:00am Secretary of State

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8355 SW 78 ST MIAMI FL 33143			8355 SW 78 MIAMI FL 33					DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified 09/20/1995
2. Principal P	lace of Busine	ess	2a. Mailing	Address				4. FEI Number Applied For
21			26				·- <u></u>	65-0610204 Not Applical
Suite, Apt.			27	pt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	e		City & S 28	State		_		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip 24		Country	Zip 29		Cour	ntry		8. This corporation cwes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
 _	9, Name	and Address of C	urrent Registered Ag	jent		7		10. Name and Address of New Registered Agent
	CIA, DEBOR				ļ	81	Name	
8355 S W 78 STREET MIAMI FL 33143			Street Address (P.O. Box Number is Not Acceptable)					
						83		
					Ī	84	City	FL 85 Zip Code
office or	renistered age	ent, or both, in the	.0502 and 607.1508, I State of Florida. Such obligations of, section	change was	authorized	by	the corpora	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE	arm to remain to	and descept the	ornganono or, cocuon	201.0000,	01100 01111		•	
SIGNATURE	Signature, typed o		ed agent and title if applicable	(N	OTE: Register	ed A	gent signature re	equired when reinstating) DATE
12.		OFFICER	S AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		Ĺ	_] DELETE	1.1 TO	LE	-	Change Addil
NAME	GARCIA, D				1.2 NA	ME)	
STREET ADDRESS	5 425 SW				1.3 STR	EET.	ADDRESS	
CITY-ST-ZIP	MIAMI FL	33165			1.4 CIT		ZIP	
TITLE				DELETE	2.1 T(T	LE		Change Addit
NAME					2.2 NAI	ME		
STREET ADDRESS	Ì				2.3 STR	EET.	ADDRESS	
CITY-ST-ZIP	·		<u></u>		2.4 CIT		-ZIP	
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STREET ADDRESS	}				3.3 STF	REET.	ADDRESS	
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NAME					4.2 NA		}	
STREET ADDRESS)						ADDRESS	
CITY-ST-ZIP			·		4.4 CIT		-ZIP	
TITLE			Ĺ	DELETE	5.1 TITI			Change Addit
NAME					5.2 NA		Į	
STREET ADDRESS	'				5.3 STR	EET.	ADDRESS	
CITY-ST-ZIP	<u></u>				5.4 CIT		-ZIP	
TITLE	Į		Į	DELETE	6.1 TIT		Į	Change Addit
NAME					6.2 NA	ME	1	
STREET ADDRESS					6.3 STR	EET.	ADDRESS	
CITY-ST-ZIP	<u> </u>				6.4 CIT			
14. I hereby of Indicated 0	ertify that the I on this annual	ntormation supplier report or supplem	I with this filing does n ental annual report is	ot qualify for true and accu	the exemp irate and t	tion hat	stated in se my signatur	ection 119.07(3)(i), Florida Statutes. I further certify that the information re shall have the same legal effect as if made under oath; that I am