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 # P95000073463 (8)

FILED Mar 11 1998 8:00am Secretary of State

Principal Plac	ce of Business SON AVENUE H FL 33119	Mailing Address P O BOX 190651 MIAMI FL 33119		DO NOT WRITE IN TH	
				3. Date Incorporated or Qualified	IO OI NOL
				09/21/1995	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0614511	Not Applicable
Suite, Apt	∴#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Sta	10	Crty & State			Fee Required
23 City & Sia	iie	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	70)	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre			10. Name and Address of New Register	ed Agent
KA	RLOCK, MADISON K		81 Name		
AGGA IPPPPAGAL ALPAULE			62 Street Add	dress (P.O. Box Number is Not Acceptable)	
MI	AMI BEACH FL 33119		-		
			83		
1			84 City	<u></u>	85 Zip Code
44 5	007.00	00 1 007 4600 61 01			
office or	t to the provisions of Sections 607.05 registered agent, or both, in the Stat	xuz and 607,1508, Florida Stat te of Florida. Such change wa	lutes, the above-hamed co s authorized by the corpori	rporation submits this statement for the purposation's board of directors. I hereby accept the a	e or changing its registered
agent. I a	am familiar with, and accept the obli	gations of, Section 607,0505, I	Florida Statutes.		
SIGNATURE	Signature, typod or printed name of registered a	N plant file to a feet been been	OTE Registered Agent signature regi	ulred when reinstaling) DATI	F
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PDS	DELETE	1.1 TOTLE		Change Addition
NAME	KARLOCK, MADISON K.		1.2 NAME		
STREET ADDRESS	1		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS	1		2.3 STREET ADDRESS		
CITY-ST-ZIP			2: 4 CiTY-ST-ZIP		
TITLE		☐ DELFTE	3.1 TITLE	A CONTRACTOR OF THE PROPERTY O	Change Addition
NAME	1		3.2 NAME		
STREET ADDRESS	1		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME	I control of		4. 2 NAME		
STREET ADDRESS	The state of the s		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	1	☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	<u> </u>		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

CITY-ST-ZIP 14. I hereby cortify 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 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.

3-6-98 305 532 0260