## 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

P95000076941 (0)

KENNETH WESTON & ASSOCIATES, INC.

## **FILED** Jun 01 1998 8:00am Secretary of State

| NEW THEOTON & NOOCONTEON THO   |  |                                     |              |  |  |  |  |
|--|--|-------------------------------------|--------------|--|--|--|--|
| Principal Place of Business Mailing Address  |  | Mailing Address                     |              |  |  |  |  |
| 7775 S.W. 87 AVE. #120 7775 S.W. 87 AVE. #120  |  |                                     | 20           |  |  |  |  |
| MIAMI FL 33173 MIAMI FL 33173  |  |                                     |              |  | DO NOT WRITE IN THIS SPACE                                   |  |  |
| l  |  |                                     |              |  | 3. Date Incorporated or Qualified                            | ====================================== |  |
| ]  |  |                                     |              |  | 10/02/1995   |  |  |
|  | lace of Business   | 28. Mailing Address                 |              |  | 4. FEI Number  | Applied For                            |  |
| 21   |  | 26                                  | ·            |  | 65-0624952   | Not Applicable                         |  |
| Suite, Apt. #, etc.  |  |                                     |              | 5. Certificate of Status Desired             | \$8.75 Additional  |  |  |
| 27   |  |                                     |              |  | Fee Required   |  |  |
| 23   |  |                                     |              |  | 6. Election Campaign Financing  Trust Fund Contribution      | \$5.00 May Be<br>Added to Fees         |  |
| Zip  | Country  | Zip                                 | Country      |  | 8. This corporation owes or has paid the cur                 | rent year Intangible                   |  |
| 24   | 25 Name and Address of Curr  | 29                                  | 30           |  |  | Yes No                                 |  |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  PDOMAI MACKAY P. CO. 81 Name   |  |                                     |              |  |  |  |  |
| BROWN, MACKAY B ESQ.   |  |                                     |              |  |  |  |  |
| WHITE & BROWN, P.A. SUITE 100, 7100 NORTH KENDALL DRIVE MIAMI FL 33156   |  |                                     | 8            | 2 Street Add                                 | ress (P.O. Box Number is Not Acceptable)                     |  |  |
|  |  |                                     | 8            | 3  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·  | THIN # E 00 100  |                                     | _            | 4 City                                       |  |  |  |
|  |  |                                     | °            | 4 City                                       | FL   | 85 Zip Code                            |  |
| 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or botti, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered |  |                                     |              |  |  |  |  |
| agent. I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes.  |  |                                     |              |  |  |  |  |
| SIGNATURE Signature: typed or printed name of region and side if applicable: (NOTE: Registered Agent signature required when reinstating)  DATE  |  |                                     |              |  |  |  |  |
| 12.  |  | NO DIRECTORS                        | 13.          | Jeni signalure redui                         | red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND | DIRECTORS IN 12                        |  |
| TITLE  | P  | DELETE                              | 1.1 TITLE    |  |  | ☐ Change ☐ Addition ♀                  |  |
| NAME   | The state of the s |                                     | 1.2 NAM      | F  |  |  |  |
| STREET ADDRESS   |  |                                     | 1.3 STRE     | E1 ADDRESS                                   |  | 2                                      |  |
| CITY-ST-ZIP  | MIAMI FL 33173   |                                     | 1.4 CITY     |  |  | <u></u>                                |  |
| TITLE  |  |                                     | 2.1 TITLE    | ı  | Change Addition  |  |  |
| NAME<br>Street Address   |  |                                     | 2 2 NAMI     |  |  |  |  |
| CITY-ST-ZIP  |  |                                     | •            | FT ADDRESS                                   |  |  |  |
| TITLE  | DELETE   |                                     |              | 2. 4 CITY-ST- ZIP  3.1 TITLE Change Addition |  | Change Addition                        |  |
| NAME   |  |                                     | 3.2 NAM6     |  |  |  |  |
| STREET ADDRESS   |  |                                     | 3.3 STRE     | ET ADDRESS                                   |  | ,                                      |  |
| CITY-ST-ZIP  |  |                                     | 3.4. CITY    | -ST-ZIP                                      | ·  |  |  |
| TITLE  |  | [] DELETE                           | 4.1 TITLE    |  |  | ☐ Change ☐ Addition                    |  |
| NAME   |  |                                     | 4. 2 NAM     |  | 47   |  |  |
| STREET ADDRESS   |  |                                     | ET ADDRESS   | //   | / <b>&amp;</b> /   |  |  |
| CITY-ST-ZIP<br>TITLE   | -ZIP DELETE  |                                     | 4 4 CHY-     |  |  | ☐ Change ☐ Addition                    |  |
| NAME   |  | Land Describ                        | 5.2 NAME     | i  |  | Change Addition                        |  |
| STREET ADORESS   |  |                                     |              | et address                                   |  |  |  |
| CITY-ST-ZIP  |  |                                     | 5.4 CITY-    |  |  |  |  |
| TITLE  |  | DELETE                              | 6.1 TITLE    |  |  | ☐ Change ☐ Addition                    |  |
| NAME   |  |                                     | 6.2 NAME     |  | 30000254332  | 23                                     |  |
| STREET ADDRESS   |  |                                     | 6.3 STREE    | T ADDRESS                                    | -06/02/980101404   | 1                                      |  |
| CITY-ST-ZIP  | - Marie Ada Sala Sala Sala Sala Sala Sala Sala Sa  | N. M. T. P. T                       | 6.4 CITY     |  | ***150.00  |  |  |
| 14. I nereby c   | erury that the information supplied :  | with this filing does not qualify t | Int the exem | ntion stated in                              | Section 119 07(3)(i) Florida Statutes, Lifurther cer         | difu that the information              |  |

Indicated on this annual report or supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 eath, 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 or an aparticipant with an address.

Kenneth A.