## 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 # P95000078845 (1)

FILED May 12 1998 8:00am Secretary of State

MIAM	INVESTMENTS SERVICES.	INC.			II 83111 16681 16161 18111 81661 8111 1361
Principal Place of Business Mailing Address					i Entin imant ibert imite biffet Aift inde
4940 SOUTHWEST 141 AVENUE 4940 S.W. 141 AVE. MIAMI FL 33175 SUITE 168 MIAMI FL 33175				DO NOT WRITE I	N THIS SPACE
		US		3. Date Incorporated or Qualified	
6 Data de al D	Year of Durings	Ba Maria Adda		10/13/1995	
2. Principal P 21 30시	Place of Business	2a. Mailing Address	38"" D00	4. FEI Number	Applied For Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	<u> </u>	es - 65-0616526	£0.75 4 delicant
22	n, <b>0.</b> 0.	27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State	0	6. Election Campaign Financing	\$5.00 May Be
	Country	28 blins	Country	Trust Fund Contribution	Added to Fees
24 <sup>25</sup> >3\			a ~~.	8. This corporation owes or has paid	
41 231	9. Name and Address of Curre		NI ~	Personal Property Tax due June 3  10. Name and Address of New Reg	
THE	<del></del>		B1 Name		
1874UU, MINUM 4040 C.W. 444 AVE					
MAMI FL 33175			82 Street A	Address (P.O. Box Number is Not Acceptable	a)
mu	AMI FL 331/3		83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 05	02 and 607 1508 Florida Statutes	the above-named	corporation submits this statement for the pu	
office or r	registered agent, or both, in the State	of Florida. Such change was au	thorized by the corp	corporation submits this statement for the pu- oration's board of directors. I hereby accept	the appointment as registered
	im taminar with, and accept the obit	jations of, Section 607,0505, Flori	da Siaiules.		
SIGNATURE	Signature, typed or printed name of registered as	ent and title if applicable. (NOTE:	Registered Agent signature	required when reinstating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	PSTD	DELETE	1.1 TITLE	'	Change Addition
NAME	TIRADO, MIRIAM		1.2 NAME		, ′
STREET ADDRESS	4940 SOUTHWEST 141 AVE	NUE	1.3 STREET ADDRESS	3072 SW 3875	Juenne
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-ST-ZIP	Miani, Flo.	33146
TITLE		☐ DELETE	2.1 TITLE	·	Change Addition
name			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CRY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		Ì
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		L. VELETE	4.1 TITLE		
NAME ATTACK ADDRESS			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TiTLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			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		<i>(</i>	64 CITY - ST - ZIP		
	certify that the information supplied v	with this ling does not qualify for		d in Section 119.07(3)(i), Florida Statutes. I fu	irther certify that the Information

I hereby certify that the information supplied with this lifting 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 innual 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 of these 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 at attachment with an address.

SIGNATURE:

4 26 98

(305/441-2440