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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Mar 24 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name P95000084338 (9)

Principal Place of Business 1301s Sw 132 AVE 1318
13015 SW 132 AVE MIAMI FL 33186 US 13015 SW 132 AVE MIAMI FL 33186 US 2. Date incorporated or Qualified 11/02/1995 3. Date incorporated or Qualified 3. Date incorporated
13015 SW 132 AVE MIAMI FL 33186 US 13015 SW 132 AVE MIAMI FL 33186 US 2. Date incorporated or Qualified 11/02/1995 3. Date incorporated or Qualified 3. Date incorporated
MAMIN FL 33186 Section
US 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 11/02/1995 2. Fill Country 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required Fee Required City & State 2. City & State 2. City & State 2. Country 2. Process 2. Principal Place of Business 3. Certificate of Status Desired \$8.75 Additional Fee Required Fee Requ
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28
Zip
25 29 30 Personal Property Tax due June 30 Yes No
ROIZ, APULA A 13015 6W 132 AVENUE MIAMI FL 3318 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and maintain with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, tysed or printed name of legislated agent and like ill applicable. (NOTE: Replaced Agent signature required when retratating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the large the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the large was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the large was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the large was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the large was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent. I have been dependent agent and the large large was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I have been dependent agent agent agent. I have been
MIAMI FL 3318 82 Street Address (P.Ö. Box Number is Not Acceptable) 83
B4 City FL B5 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, tyred or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) OATE
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Signature: Typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD ORTIZ, RAMON V 12. NAME ORTIZ, RAMON V 12. NAME STREET ADDRESS 13015 SW 132 AVENUE 1.4 CITY-ST-ZIP MIAMI FL SD DELETE 2.1 TITLE SD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change Addition Addition AVELAR, ELIAS STREET ADDRESS 13015 SW 132 AVENUE CITY-ST-ZIP MIAMI FL 2.4 CITY-ST-ZIP MIAMI FL DELETE 3.1 TITLE TO DELETE 3.1 TITLE TO Change Addition Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition Addition Change Addition Addition Addition Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Addition
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CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition
NAME 52 NAME
CITY-ST-ZIP 5.4 CITY-ST-ZIP

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 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, it on an attachment with an address.

CITY-ST-ZIP