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 # P95000086385 (8)

1. Corporate POINC	CIANA ASSOCIATES, INC.	00000000	'')				
Principal Place of Business		Mailing Address			IN OUTST LOWER DISEAS	HIDI IDIDI BITI IDDI	
3971 SOUTHWEST 8TH STREET SUITE 205 MIAMI FL 33134		3971 SOUTHWEST 8TH STREET SUITE 205					
		MIAMI FL 33134			DO NOT WRITE IN THIS SPACE		
				·	3. Date Incorporated or Qualified 11/09/1995		
2. Principal Place of Business		2a, Mailing Address		4, FEI Number	, , , , , , , , , , , , , , , , , , ,	Applied For	
Suite, Apt #, etc		26		65-0630960		Not Applicable 75 Additional	
22		27		5. Certificate of Status Desired		ee Required	
City & State		City & State		6. Election Campaign Financing	S	5.00 May Be	
23		[28]			Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Count	try	8. This corporation owes or has pai		
24	[25]	29	30		Personal Property Tax due June		
	9. Name and Address of Cur	reni Registered Ageni		1 Name	10. Name and Address of New Re	gistered Ageni	
LARRIEU, MANUEL A 3971 S.W. 8TH ST. #205				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33134					Jiess (1.0. Dox Humber is Not Acceptab		
			6	3			
			8	4 City		FL 85	Zip Code
office or agont 1. SIGNATURE	registered agont, or both, in the Stam familiar with, and accept the ob-				poration submits this statement for the pation's board of directors. I hereby acceptions when reinstating)	ot the appointment	ent as registered
12.				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	D DELETE		-		C	hange Addition
NAME	LARRIEU, MANUEL A		1.2 NAM	E			
STREET ADDRESS 3971 S.W. 8TH STREET, SUI		TE 205 1.3 STREET ADDRESS		ET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33134		1.4 CITY	-ST-ZIP			
TITLE	V\$D DELETE		2.1 TITLE			□ c	hange
NAME	LARRIEU, JORGE A			E			
STREET ADDRESS	· '			E1 ADDRESS			
CITY-ST-ZIP	MIAMI FL 33134		2 4 CITY			C	hange Addition
TITLE	L., DECETE		3.1 TITLE			ال الــا	Halinge Addition
NAME OVERET ADDRESS			3.2 NAM	·			
STREET ADDRESS	}		9	ET ADDRESS			İ
CITY-ST-ZIP TITLE	DELETE		4 1 TITLE	-ST-ZIP			hange Addition
NAME		C Dett it	4. 2 NAN	í			arigo La ricottori
STREET ADDRESS	}			ET ADDRESS			
CITY-ST-ZIP	1		4.4 CITY				
TITLE		DELETE	5.1 TITLE				nange
NAME	}		5.2 NAM			 -	<u> </u>
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	4		5.4 CITY				
TITLE		DELETE	6 1 TITLE			□ c	hange

14. Thereby certify that the information supplied with this filling 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 of 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 outlier receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 (Chapter 607) and allactement with an endowner.

6.2 NAME

63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

3/11/98 305-444-67/6

FILED

Mar 18 1998 8:00am

Secretary of State