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 **FILED**

May 15 1998 8:00am

Secretary of State

DOCUMENT # P95000094400 (5)

Principal Place		Mailing Address 3400 CORAL WAY			
MIAMI FL 33145		600 Miami Fl 33145-3053		DO NOT WRITE IN THIS SPACE	
		MINMI 1 E 00149-0050		3. Date Incorporated or Qualified	
2 Principal Pl	ace of Business	2a. Mailing Address		12/11/1995 4. FEI Number	Applied For
21	and of the contract	26		65-0631504	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country	8. This corporation owes or has paid the	current year Intangible
24	25	[29]	30	Personal Property Tax due June 30. 10. Name and Address of New Register	Yes No
	9. Name and Address of Curre	ent Hegistered Agent	81 Name	10. Name and Address of New Register	ed Agent
DIAZ, AMPARO R 3400 CORAL WAY, STE. 600			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
	MI FL 33145-3053			aress (F.O. Box Number is Not Acceptable)	
			83		
			B4 Cily	F	85 Zip Code
11. Pursuant t	o the provisions of Sections 607.05	502 and 607.1508. Horida Statu	ites, the above named cor		
office or re	egistered agent, or both, in the Sta in familiar with, and accept the obli	te of Florida. Such chan ge w as mations of, Section 607.050 5, I	authorized by the corpora lorida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
SIGNATURE					
	Signature Typed or pended name of regelining a CNL LC LOC. A	sportario ble itappti able (NO N.) DIRECTORS	Cf. Registered Agent signature requirements	ited whomenstating) DAT ADDITIONS/CHANGES TO OFFICERS (
12.	PSD	DELETE	1111111	ADDITIONS/CHANGES TO OFFICENS	Change Addition
NAME	ORTIZ, JAIRO		1.2 NAME		
STREET ADDRESS	2121 SW 27TH AVE.		13 STREET ADDRESS		
CITY-ST-ZIF	MIAMI FL 33145		14 CHY-ST-7/P		
TITLE		DELETE	2 1 11TLF		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS 2 4 CHY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELFTE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4 CHY-S1-7IP		
THILE		DEL¶ 1E	4.1 TITLE		Change Addition
NAME CIRCL ADDOCCO			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-ST-ZIP		
THLE		DELETE	5 1 TIFLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY- \$1-7IP		Oleman Tables
TITLE		☐ DELFTE	G 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			G 3 STREET ADDRESS		

14. Thereby 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

64 CRY-ST-ZIP