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 Mar 23 1998 8:00am Secretary of State

1. Corporatio	MENT # P950 COUNTY RESEARCH AND	00095774 (2) RECOVERY, INC.			H 1814 BUIL 1814 BBU 1814 BUR 1816
Principal Plac	e of Business	Mailing Address			8 1878: Biyah 1881) 1881 Biga 1881
		535 SW 8 STREET			
				DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualified 12/19/1995	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# alo	Suite, Apt. #, etc.		65-0645416	Not Applicable
22	w, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the operational Property Tax due June 30.	current year Intangible
	9. Name and Address of Curr		<u> </u>	10. Name and Address of New Registers	d Agent
L	UIS, LUIS E		81 Name		
256 SW 8 STREET #515			82 Street Address (P.O. Box Number is Not Acceptable)		
	IIAMI FL 33131		83		
			84 City		85 Zip Code
				F	
office or r agent I a SIGNATURE				poration submits this statement for the purpose tion's board of directors. I hereby accept the a	
12,	Signature, typod or printed name of registered a OFFICERS A	IND DIRECTORS	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PST	DELETE	1.1 TITLE	ADDITIONS/OFFIANCES TO OFFICE ASS	Change Addition
NAME	LUIS, LUIS E		1,2 NAME		
STREET ADDRESS	256 SW 8 ST #515		1.3 STREET ADDRESS		
CITY-S1-ZIP	MIAMI FL 33131		1.4 CITY - ST - ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		Change Addition
NAME	CARRILLO, JOSE I		2.2 NAME		
STREET ADDRESS	12265 S DIXIE HWY 61		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33176	T DELETE	2 4 CITY - ST - ZIP		Ohenen I Additi
TITLE		☐ DELETE	3.1 TITLE		Change
NAME			3.2 NAME		·
STREET ADDRESS			3.3 STREET ADDRESS		
TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	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			6.4 CITY-ST-ZIP	C	

I nereby 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, or on an attachment with an address

Luis E Luis

305 8579007