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

PROFIT CORPORATION **ANNUAL REPORT** 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name P95000097549 (6)

FILED Apr 28 1998 8:00am Secretary of State

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Principal Plac	ce of Busines		Ma	ailing Address				-{	IFO FORMI INDUDI DILLI DR	
1				_				1		
3250 MARY STREET 3250 MARY STREET MIAMI FL 33133 MIAMI FL 33133								DO NOT WRITE IN T	'HIS SPACE	
								3. Date incorporated or Qualified		
								12/27/1995		
2. Principal Place of Business 2a. Mailing Address					17-21-2			4. FEI Number	Ar	oplied For
21				26				65-0646623	No	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22				27				6. Certificate of diatus besifed	Fee Re	equired
City & State				Crity & State				6. Election Campaign Financing	\$5.00	
23			28					Trust Fund Contribution	Added	to Fees
Zip	Country			Zip Country				8. This corporation owes or has paid the current year Intangible		
24	25 25 26 26 27 28 28 28 28 28 28 28 28 28 28 28 28 28			29				Personal Property Tax due June 30.] No
 				reien Whelif		81	Name	10. Name and Address of New Registe	neu wgent	
		ON SERVICE COMPA	MA				, Taino			
1201 HAYS STREET TALLAHASSEE FL 32301-2525						82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
						63				
•						64	City		85 Zip	Code
	····						•		FL " . '	
11. Pursuant	t to the provis	sions of Sections 607.0!	502 and 60	07.1508, Florida Stati	utes, the a	bove d by	-named corporation	oration submits this statement for the purpoon's board of directors. I hereby accept the	se of changing it	ts registered
agent. I a	am familiar w	ith, and accept the obl	igations of	, Section 607.0505, F	lorida Sta	tutes),	or a board or officetors. Thereby accept the	appointment as	16gistered
SIGNATURE										
L	Signature, types	der printed name of registered a				d Age	nt signature required		ATE	
12.	D	OFFICERS A	ND DIREC	DELETE	13.	** *		ADDITIONS/CHANGES TO OFFICERS		
i	ı -	CHEUMVOD M		L. VECENE	1.1 7				L. Change	Addition
NAME						1.2 NAME				
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP	MIAMI	FL 33133		DELETE		ITY-S	T- ZIP		TT 01	A detect
TITLE				L. DELETE	2.1 T				Change	Addition
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l]			L. OELETE	3.1 To				Change	Addition
NAME	1				3.2 N					
STREET ADORESS					F		ADDRESS			
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STREET ADDRESS							ADDRESS			
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NAME					52 N					
STREET ADDRESS	1						ADDRESS			
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TITLE							1		Change	Aprialitation
NAME	ŀ			☐ DELETE	617	TLE			☐ Change	☐ Addition
				□ DETEIE	62 N	TLE AME			Change	☐ Addition
STREET ADDRESS				□] D€1E1€	62 N	TLE AME	ADDRESS		☐ Change	Addition

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 of the receiver or trusten 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