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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000011527 (4)

SPECTRUM ENTERPRISES OF SOUTH FLORIDA, INC.

## **FILED** May 08 1998 8:00am Secretary of State



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Principal Plac	e of Business		ABINI ABINI ABINI N	Ant light hitli tin	III			
10267 NW 53RD STREET 10267 NW 53RD STREET								
SUNRISE FL 33351 SUNRISE FL 33351					DO NOT	DO NOT WRITE IN THIS SPACE		
i					3. Date Incorporated or Qu		-	
					02/02/1996			
	Place of Business	2a. Mailing Address	Mailing Address 5050 N HANS RD.		4. FEI Number		Ar	oplied For
21 5050			han.	2 kp.	65-0640696			ot Applicable
	Suite, Apt #, etc. Suite, Apt #, etc				5. Certificate of Status Desi	Desired See Regulred \$8.75 Additional Fee Regulred		
22 27 27 City & State City & State				<u> </u>	A Floring Country City	<del>.</del>		
		- SUAMIES	MISE FL		, •	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Countr	у	8. This corporation owes or	has naid the c		i
24 3835	51 25 09	29 33351	30	US	Personal Property Tax du	,		No
	9. Name and Address of Curr	ent Registered Agent	81		10. Name and Address of N	lew Registered	J Agent	
	ELLAR, JOHN D	CUELLAL. JO	440 D.					
10267 NW 53RD STREET					t Address (P.O. Box Number is Not Acceptable)			
SUNHISE FL 33351					50 M HY ATUS	PO.		
			83	•				
			84	City			85 Zip (	Code
44 Purcuant	to the provinces of Costions CO7 O	FO2 and CO7 1/ 00 Florida Platitics	the stee	ت ا	pulpise_	F!		351
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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE								
Signature, types for printed name of registrated agent and till entangle abla (wOTE: Bo  OFFICE RS AND DIRECTORS				jent signature n	equired when reinstating)	DATE	ID DIDEOTOR	10 111 40
TITLE	PD	DELETE			ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	S IN 12
NAME	CUELLAR, JOHN				CUELLAR, JOHN		AT Apriorite	L. JAGORIOR
STREET ADDRESS	10267 NW 53RD ST.		1.3 STREET ADDRESS		SO SO N MATUS	FD		
CITY-ST-ZIP	<b>S</b> UNRISE FL		1.4 C(TY-		SUURISE, FL	33351		
TITLE	DELETE		2.1 TITLE			,,,,,,,,	Change	Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS		*		
CITY-ST-ZIP			2. 4 CITY -	ST-ZIP				
TITLE		<b>∟</b> DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			F	1 ADDRESS				
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TITLE NAME		☐ DETELE	4.1 TITLE				Change	Addition
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CITY-ST-ZIP			4.3 STHEE					İ
TITLE		DELETE	5.1 TITLE	51.21			Change	Addition
NAME			5.2 NAME				contigo	- venicon
STREET ADDRESS			5.3 STREET	LADDRESS				
CITY-ST-ZIP			5.4 CITY - 5					
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME				-	
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - 9					
<b>14.</b> I hereby o	ertify that the information supplied	with this filing does not qualify for	the exemn	tion stated	in Section 119 07(3\(i)) Florida Stat	utes I further o	ertify that the	information

officer or director of the corporation of the coefficient of 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 charging, or on an attainment with an address.

4-30-98