## 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 #** P96000023725 (0)

MEETING & TRAVEL CONSI		
Principal Place of Business	Mailing Addross	I IDBIIANI TIR IDIIN BIINI OBARA DORA
10780 S.W. 60TH STREET MIAMI FL 33173	10760 S.W. 80TH STREET MIAMI FL 33173	DO NOT WRIT
		3. Date Incorporated or Qualified 03/13/1996
2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21	26	65-0699089
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired
03.00		

**FILED** Mar 19 1998 8:00am Secretary of State

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DO NOT WRITE IN THIS SPACE

Applied For

Fee Required

Not Applicable \$8.75 Additional

City & Sta	te	City & State			6. Election Campaign Financin	ig \$5.0	00 May Be	
3		26			Trust Fund Contribution		led to Fees	
Zip	Country	Zip	Country		8. This corporation owes or ha	s paid the current year		
4	26		90		Personal Property Tax due J		No No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
LABELLE, MARGARET K 10760 S.W. 60TH STREET		81	Name		•			
		62	Street A	Address (P.O. Box Number is Not Acce	ptable)			
M	MIAMI FL 33173							
		83						
			84	City		85 2	Zip Code	
						FL  °°   '		
					corporation submits this statement for to poration's board of directors. I hereby a			
agent. I	am familiar with, and accept the obli	gations of, Section 607.0505, Flori	ida Statutes	ine corp	Gration's board of directors. Thereby a	cesti ine appointment	ชว เลลิเซเลเลก	
SIGNATURE							•	
	Signature, typed or printed name of registered a			n) signature i	required when reinstating)	DATE		
12.	OFFICERS A	NO DIRECTORS	13.		ADDITIONS/CHANGES TO O			
TITLE	P	□ DELETÉ	1.1 TITLE	<u> </u>	5/0:	Chan	ge 🔀 Addition	
NAME	LABELLE, MARGARET K.		1.2 NAME	1	DENNIS M. LAD	SIIG OK,		
STREET ADDRESS	10760 S.W. 60TH ST.		1.3 STREET	address	DENNIS M. LABI 10760 S.W. 60 41AHI, FL. 3B	, -, G., .		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP	MIAHI, PL. GB			
TITLE	[	☐ DELETE	2 1 TITLE	į		Chan	ge 🔲 Addition	
NAME	]		22 NAME	- }				
STREET ADDRESS	1		2.3 STREET	address				
CITY-ST-ZIP			2. 4 CITY - S	T-ZIP				
TITLE	1	☐ DELETE	3.1 TITLE			☐ Chan	ge 🔲 Addition	
NAME			3.2 NAME	i				
STREET ADDRESS	ļ		3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY - S	T-ZIP				
TITLE	1	DELETE	4.1 TITLE			☐ Chan	ge 🔲 Addition	
NAME	ļ		4.2 NAME	ļ			i	
STREET ADDRESS			4.3 STREET	ADDRESS				
City-St-ZIP	<u>l</u>		4.4 C(TY-S)	r-ZIP				
TITLE		DELETE	5.1 TITLE			Chang	ge 🔲 Addition	
NAME			5.2 NAME					
STREET ADDRESS	1		5.3 STREET	ADDRESS				
CITY-ST-ZIP	1		54 CITY-S	T-ZIP				
TITLE		DELETE	61 TIFLE			Chan	ge Addition	
NAME			6.2 NAME	- 1				
STREET ADORESS	]		6.3 STREET	ADDRESS				
	1		1					

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 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 on an attachment with an address.

SIGNATURE:

305.279.864