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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 21 1998 8:00am

Secretary of State

## Sandra B. Mortham

Socretary of State
ENVISION OF CORPORATIONS

DOCUMENT # P96000026790 (1)

RUSSELL MACKENZIE & ASSOCIATES, P.A.

Principal Plac	ce of Business	Mailing Address			a indicidat ila chica altri antiti natiti daril antili citti	a todulogi ilo ibili dolil dolil dolil dolil dolil dolil ilolil iloli iloli iloli	
	AVENUE. SUITE 215	4014 CHASE AVENUE, SUITE 215					
MIAMI BEACH	H FL 33140	MIAMI BEACH FL 33140	1		DO NOT WRITE IN THIS S	PACE	
					3. Date Incorporated or Qualified		
					03/26/1996		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26		65-0652278	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27				Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
Zip	Country	<b>28</b>	Country	<del></del>	Trust Fund Contribution	Added to Fees	
24	25 29		30		8. This corporation owes or has paid the curr Personal Property Tax due June 30.	ent year Intangible ☑ Yes ☐ No	
24	9. Name and Address of Currer		1301		10. Name and Address of New Registered A	-	
ΔN	MERILAWYER CHARTERED		81	Name			
	3 ALMERIA AVENUE		82	04	diam (D.O. Baratian baris Alai Arandalia)	<del></del>	
	DRAL GABLES FL 33134		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
			83				
			84	City		larl 7: Ord	
			104	City	FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	ites, the abov	o-named c	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appo	changing its registered	
agent. La	am familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statute	7 ine corpe 8.	pration's poaro of orectors, Thereby accept the appo	intinent as registered	
SIGNATURE	<u></u>						
12.	Signature, typed or sented name of regestered agr	nt and title it applicable (NO DIDIRECTORS		mt signature n	equired when reinstating) DATE	DIDECTODO INLAS	
TITLE	PSD	DELETE	13. 1.1 TITLE	T	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition	
NAME	MACKENZIE, JAMES R	La Vicera			'		
STREET ADDRESS	AAAA OLIAOR AURUUR OLUTE AAR		1.2 NAME 1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CHY- S	- 1			
TITLE	VTD DELETE		21 TITLE			Change Addition	
NAME	MACKENZIE, MANUELA		2.2 NAME				
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		. 23 STREET	ADDRESS		•	
CITY-ST-ZIP MIAMI BEACH FL 33140			2. 4 CiTY-	ST-ZIP			
TITLE	[] DELETE		3.1 TITLE			Change Addition	
NAME			3.2 NAME				
STREET ADDRESS	■ <sup></sup>		3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4 CITY-1	ST-ZIP		Ob., 1 1.110-	
TITLE		[ ] DETEIR	4.1 11111		l	Change Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STRELT				
CITY-ST-ZIP TITLE	<del> </del>	DELETE	4.4 GITY - S 5.1 TITLE	1-ZP		Change Addition	
NAME	1	ليا يحددان	5.2 NAME			T Summer T Vocation	
STREET ADDRESS	!		5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CHY-S	í			
TITLE		DELETE	6.1 TITLE	, 1ti		Change Addition	
NAME		:	6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
	i						

64 CITY-ST-ZIP

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 suppliemental agricular count is true and a accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or five receiver or trust be employed 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.

12/98