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 # PORODOGRADOR (1)

Principal Place of Business	Mailing Address
8306 MILLS DRIVE SUITE 147 MIAMI FL 33183	8306 MILLS DRIVE SUITE 147 MIAMI FL 33183

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90002 030 ***158.75

		" P900 INOLOGIES OI		, ,								
Principal Plac	o of Business		Mailir	ug Address								
Principal Place of Business Mailing Address												
8306 MILLS DRIVE SUITE 147 8306 MILLS DRIVE SUITE 147 MIAMI FL 33183 MIAMI FL 33183												
	-		***************************************	00.00				DO NOT WRIT	E IN THIS	SPACE		_
ļ								3. Date Incorporated or Qualified				}
O Dain air at D	Name of Division			oiling Address				04/23/1996 4. FEI Number			A	4
2. Principal Place of Business			-	2a. Mailing Address							Applied For Not Applicable	\exists
Suite, Apt. #, etc.				26 Suite, Apt. #, etc.				4 60 75				7
⊢ ∴	. "! ,0101		27					5. Certificate of Status Desired	X		Required	Į
City & Stat	te			City & State				6. Election Campaign Financing \$5.00 May Be				
23			28	28				Trust Fund Contribution Added to Fees				
Zip		Country	Zi	Zip Country			٠	er mis corporation once or has pare the same in your ma				l
24		25	29		30			Personal Property Tax due Jur			∐ No	4
		and Address of Cu	irrent Hegisteri	ed Agent	81	Name		10. Name and Address of New R	egistered	Agent		\dashv
1	ISS, JAY B											
1	51 SW 22 ST				82	Street A	Addre	ss (P.O. Box Number is Not Accepta	able)			
MIAMI FL 33145				83	1		· · · · · · · · · · · · · · · · · · ·				-	
ĺ						<u> </u>		<u> </u>				4
					84	City			FL	85 Zi	p Code	
11. Pursuant office or ragent. La	to the provision registered age am familiar wit	$\sim 10^{-1}$				re-named y the corp is.		ration submits this statement for the n's board of directors. I hereby according to the north process of the new part of the n	purpose of the ap	of changing pointment a	its registered as registered	-
SIGNATURE		or printed name of registere	ed agent and fitte if ap	Photable (NO	E: Registered Ag	ent signature	required	when reinstating)	DATE			୷ୡ
12.		OFFICERS	AND DIRECTO		13.	-	<u> </u>	ADDITIONS/CHANGES TO OFF	ICERS AN			10/07
TITLE	²			1.1 TITLE		r	HOMAS MESTEL	TS	Change	: Li Abullon	<u>'</u> اِتَّ	
NAME	{	NN, KAREN C			1 2 NAME	į		900 S.W. 107				18
STREET ADDRESS	8000 SW					T ADDRESS						16
CITY-ST-ZIP TITLE				1.4 CITY - 2.1 TITLE	31-ZIF	yn	1am; Fl. 331		Change	Addition	, C	
NAME				2.2 NAME					_ •			
STREET ADDRESS						T ADDRESS						
CITY-ST-ZIP					2. 4 CITY-							
TITLE			******	DELETE	3.1 TITLE					Change	Addition	ij
NAME					3.2 NAME							
STREET ADDRESS					3 3 STREET	T ADDRESS						
CITY-ST-ZIP					3.4. CfTY-	ST-ZIP				- - - - - - - - - - 		_
TITLE				☐ DELETE	4.1 TITLE					☐ Change	e	'
NAME					4. 2 NAME							
STREET ADDRESS	-					T ADDRESS						
CITY-ST-ZIP				DELETE	4.4 CITY - 5	ST-ZIP				Change	e Addition	\exists
TITLE				☐ NETELE	5.1 TITLE 5.2 NAME					onange		
NAME						T ADDRESS						
STREET ADDRESS					5.4 CITY-5							
CITY-ST-ZIP TITLE	 			DELETE	6.1 TITLE	01-5H				Change	a Addition	╗
NAME	}				6.2 NAME							
STREET ADDRESS	ļ					T ADDRESS						
CITY-ST-ZIP					6.4 CITY - S	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 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.