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 # P96000036128 (2)

PARRA & ASSOCIATES, INC.

FILED May 12 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address								HI BB III BB III B		HIIO BUIRI NGIO III		
800 MADONNA BOULEVARD SUITE C ST. PETERSBURG FL 33715			800 Madonna Boulevard Suite C St. Petersburg FL 33715				DO NOT WRITE IN THIS SPACE					
							3. Date incorporated 04/25/1996	or Qualified				
2. Principal P	lace of Business		2a. Mailing Address				4. FEI Number			Ar	plied For	
21 350	PINELLAS	BAYWAY	26 350 PINI	ELLAS	BAY	NAY	59-3380187				ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status	Desired	Ø	7	Additional	
City & Stat	City & State	· · · · · · · · · · · · · · · · · · ·			- Floring 0				equired			
		28 ST. PETERSBURG FL				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees						
Zip	Countr	У	l Sib		ntry '		8. This corporation ow	es or has p	aid the c	urrent year Int	angible	
<u> 24 337</u>	15 25 PLA	JELLAS	29 3371 <u>5</u>	30 P	LNEL	<u> ک4 م</u>	Personal Property 1				No	
			legistered Agent		04 11		10. Name and Addres	s of New R	egistere	d Agent		
	ERO, MULLIN & TON	ALIN, P.A.			81 Name							
75 VALENCIA AVENUE						82 Street Address (P.O. Box Number is Not Acceptable)						
FOURTH FLOOR CORAL GABLES FL 33134					63							
					84 City		· · · · · · · · · · · · · · · · · · ·			 7:-	0-4-	
į									F	L I I '	Code	
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				· · · · · · · · · · · · · · · · · · ·								
12.	Signature, typed or printed name	e of registered agent a DEFICERS AND E			Ageni signatui	e required	when reinstating)	FO TO OFF	DATE	10 DIDEOTOE		
TITLE	D	TICE NO PURE	DELETE	13.	D.F.	D	ADDITIONS/CHANG	ES TO OFFI	CERS AF	ND DIRECTOR Change	Addition	
NAME	PARRA, FRANK R		2, 2011.1	1.2 N/		1-	000 -004	٨		-	L.J Addition	
STREET ADDRESS	800 MADONNA B		UITE C		RÉET ADDRESS	366	RRA, FRANK DINELLAS	RAY	VAY	#ス		
CITY-ST-ZIP	ST. PETERSBURG				TY-ST-ZIP	ST	PETERS B	1,86	FL	33715	:	
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NAME				22 N	ME							
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CITY+ST-ZIP				2.40	TY-ST-ZIP	<u>.</u>						
TITLE			DELETE	3.1 Ti	LE					Change	☐ Addition	
NAME	l			3.2 NA	ME							
STREET ADDRESS				3.3 ST	reet address							
CITY-ST-ZIP			r-1		TY - ST - ZIP					· · · · · · · · · · · · · · · ·		
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NAME				4.2 N								
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NAME			U DECEIE	5.1 TII						Change	Addition	
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STREET ADDRESS					REET ADDRESS							
CITY-ST-ZIP					Y-ST-ZIP							
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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.

FRANK R. PARRA DIRECTOR

1/28/98 (813)864-9004