COF ANNU	PROFIT RPORATION JAL REPORT 1998		ELORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 11 1998 8:00a Secretary of State		
Principal Place 13330 SW 9 1 MIAMI FL 331	e of Businoss	Maii 133	5295 (9) mg Address 30 SW 9 TERR MI FL 33184		DO NOT WRITE I		
		······		· · · · · · · · · · · · · · · · · · ·	3. Date Incorporated or Qualified 04/26/1996		
2. Principal P	lace of Business	2a. 1 26	Aailing Address		4. FEI Number 65-0694845		plied For t Applicab
Sulte, Apt.	#, 8 IC.	···	Suite, Apt #, etc.	·		<mark>┌┐ \$8.75</mark> ∉	dditional
2 City & State			City & State		6. Election Campaign Financing	Fee Re \$5.00	<u> </u>
Zip	Country	28	/ip	Country		Added t	<u> </u>
]	25 9. Name and Address of C	29		30	B. This corporation owes or has paid Personal Property Tax due June 3 10. Name and Address of New Regi	0. 🚺 Yes 🗌	No
AP	ARICIO, LUZ			81 Name	10, 10, 10, 10, 10, 10, 10, 10, 10, 10,		
133	330 SW 9 TERR			82 Street Add	dress (P.O. Box Number is Not Acceptable	.)	
MIA	MI FL 33184			83	· · · · · · · · · · · · · · · · · · ·		
							<u></u>
				84 City		FL ⁶⁵ Zip (
agent. I a	to the provisions of Sections 60. egistered agent, or both, in the m familiar with, and accept the	obligations of	Section 607.0505, Flc	rida Statutos	anon's board of allociols. I horoby aboopt		ogiotoroa
	Signature, typed or printed name of register	red agent and tyle if	applicable. (NOTE	Registered Agent signature requ	uired when reinslaling)	DATE	
12.	Signifure, typed or punted name of register OF LICE R: PSD		applicable. (NOTE			DATE	S IN 12
12 Title NAME	Signifure, typed or printed name of repeat OF Fride R: PSD AGUILAR, OSCAR	red agent and tyle if	anglicatric. (NO1f ORS	Rogistored Agont signature req 13. 1.1 TITLF 1.2 NAME	uired when reinslaling)	DATE RS AND DIRECTOR	S IN 12
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