SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9600036815 (4)

FILED Aug 19 1998 8:00am Secretary of State

Note	1. Corporation		- 1-3000	0030	010 (4)							
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2. Part Street Address of New Registered Agent 10. Name and Address of New Registered Agent 12. Name 12. Name 13. Name 14. Street Address (P.O. Box Number is Not Acceptable) 14. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes. the above-named corporation submits this atterment for the pursose of changing its registered agent. In firmfallar with, and accept the obligations of, section 607.0502 for 607.0505, Florida Statutes. the above-named corporation submits this atterment for the pursose of changing its registered agent. In firmfallar with, and accept the obligations of, section 607.0505, Florida Statutes. The above-named corporation's board of directors. I hereby accept the appointment as registered agent. In firmfallar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE DPT	Zip		Country		Zip C		Country]		
IZNAGA, ZULENA 930 SW 20TH ST. 85 Sireet Address (P.O. Box Number is Not Acceptable) 83 84 Sireet Address (P.O. Box Number is Not Acceptable) 83 84 Sireet Address (P.O. Box Number is Not Acceptable) 83 84 Sireet Address (P.O. Box Number is Not Acceptable) 85 Zip Code 85	24								3	_		
9330 SW 20TH ST. MIAMI FL 33165 B2 Street Address (P.O. Box Number is Not Acceptable)				rent Registe	ered Agent		04	Nama	10. Name and Address of New Registered Agent	-{		
MIAMI FL 33165 Bit City FL St Zip Code							•	Name				
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 agent, or both, in the State of Florida. Such changing was authorized by the corporation's board of directors. I haveby accept the appointment as registered agent, and the foliations of sections 607.0502 and 607.0505, Florida Statutes. SIGNATURE								Street A	reet Address (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of sections 607 0502 and 607 1508. Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. Such change was authorized by the corporation's board of directors. I hereby eccept the appointment as registered agent, or both, in the State of Floride. Such change was authorized by the corporation's board of directors. I hereby eccept the appointment as registered agent, or both, in the State of Floride. Such change was authorized by the corporation's board of directors. I hereby eccept the appointment as registered agent and site if applicable. SIGNATURE DELETE	MIA	MI PL 33 103			·							
1. Pursuant to the provisions of sections 607.0502 and 607.1508. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered eigent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutos. SIGNATURE Description	1						103					
Delicition Del							84 City		EI 85 Zip Code	7		
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, and familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, typed or privated name of registered agent and side if applicable [NOTE Registered Agent equature required when relistating) DPT ITTUE DPT ITTUE DPT IZNAGA, ZULEMA 3330 SW 20TH ST. IACTIVESTZIP NAME IZNAGA, ANTONIA 9330 SW 20TH ST. Addition STREET ADDRESS CITY-STZIP NAME JENAGA, ANTONIA 9330 SW 20TH ST. Addition DELETE 11TITLE DSV IZNAGA, ANTONIA 9330 SW 20TH ST. Addition STREET ADDRESS CITY-STZIP ITTUE DELETE 11TITLE DELETE 1	11. Pursuan	to the provis	ions of sections 607 (3502 and 607	1508 Florida Statut	es the ah		named co		-		
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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 convocation 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.