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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000039641 (1)

## FILED Mar 10 1998 8:00am Secretary of State

Principal Piace 328 CRANDON SUITE 226 KEY BISCAYN US	W BLVD.	Mailing Address 328 CRANDOW BLVD. SUITE 226 KEY BISCAYNE FL 331 US		3. Date Incorporated or Qualified	E IN THIS SPACE		
9 Principal Pi	lace of Business	2a. Mailing Address		05/08/1996 4. FEI Number	<del></del>	Applied F	- nr
21	add or trasmess	26		65-0666019	-	Not Applie	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Addition	nal
City & State	B	City & Stale	······································	6. Election Campaign Financing	\$!	5.00 May B	e
23	<del></del>	28		Trust Fund Contribution		dded to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has pa			,
24	9. Name and Address of Current	t Registered Agent	[30]	Personal Property Tax due June 10. Name and Address of New Re			
	PRTINEZ, DOMINGO E	t ilogiotorea rigori	81 Name	10.		<u>'</u>	
#2	O OCEAN LANE DR. G Y BISCAYNE FL 33149		83	dress (P.O. Box Number is Not Acceptate			
			<b>64</b> City		FL 85	Zip Code	
office or re	to the provisions of Sections 607.0502 egistored agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was	authorized by the corpora	ation's board of directors. I hereby acce	pt the appointme	ent as registei	rec
SIGNATURE	Signature, typied or period name of registered age	ntand the frappicable (No.	DTL: Hispistored Agent signature requ	ired when reinstating)	DA1E		
SIGNATURE	Signature, typed or printed name of registered light OF FICE HS ANI	nt and title if applicable (NC ) DIRECTORS	DTL: Hingistored Agent signature requ		DATE CERS AND DIRE	CTORS IN 12	 ?
SIGNATURE 12.	Signature, tyried or person name of registered inger OFFICE HS AND	ntand the frappicable (No.	DIT: Angistored Apent signature required.  13. 1.1 TITLE	ired when reinstating)	DATE CERS AND DIRE		
SIGNATURE	Signature, typied or printed name of page-based ages OFFICE FIS AND D REQUEIRA, GUSTAVO 150 OCEAN LANE DR. #2G	nt and title if applicable (NC ) DIRECTORS	DTL: Hingistored Agent signature requ	ired when reinstating)	DATE CERS AND DIRE	CTORS IN 12	
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typied or printed name of negativest age OF FICE FIS AND D REQUEIRA, GUSTAVO 150 OCEAN LANE DR. #2G KEY BISCAYNE FL 33149	nt ment stell thingspeciable (NE O DIRECTIONS DELETE	13. 1.1 THE 12 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP	ired when reinstating)	DATE CERS AND DIRE	CTORS IN 12 hange	2 ddillon
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4. I bereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 attrictument with an address.

SIGNATURE:

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3/3/98

Disidima Phone # 0

0212020