## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 27 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998

D 00 01 1	1000			<del>- </del>	
DOCU 1. Corporation	MENT # P9600	0043556 (5)			
FGC, I		, .			
				PROGRADE HIGH CONTROL CONTROL PRINT CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CO	1600 HADA BARA BARA 0110 0111 HADA
•	ce of Business	Mailing Address		7.001.001	I SAS I LICE SILE SILES SILE I CON
7501 WEST 18TH LANE HIALEAH FL 33014		7501 WEST 18TH LANE HIALEAH FL 33014			
DENDEND FL	33014	MINECALI PE 33014		DO NOT WRITE IN THE	S SPACE
				3. Date Incorporated or Qualified	
·				05/17/1996	
	Place of Business	2a. Mailing Address		4. FEI Number APPLIED FOR 65-082	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	<b>28</b> Zip	Country	Trust Fund Contribution	Added to Fees
Zip 24	25 Country	29	30	<ol> <li>This corporation owes or has paid the or Personal Property Tax due June 30.</li> </ol>	current year Inlangible
571	9. Name and Address of Curre		1991	10. Name and Address of New Registere	
D/	ADE COUNTY CORPORATE AGE	ENTS, INC.	81 Name		
DODGE DICCAVAIR DOLL CVADO			82 Street Add	dress (P.O. Box Number is Not Acceptable)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SUITE 505			83		
NO	ORTH MIAMI BEACH FL 33180		63		
=			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the above-named co		
office or agent. La	registered agent, or both, in the Statem familiar with, and accept the oblin	te of Florida. Such change was galions of, Section 607,0505, Fl	authorized by the corporation of	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap-	ppointment as registered
SIGNATURE			=		
12.	Signature, typed or printed name of registered a	gent and title if applicable (NO ND DIRECTORS	16. Registered Agont signature req	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 10TLE	ADDITIONS/CHANGES TO BITTELIS AL	Change Addition
NAME	RODRIGUEZ, OROSMAN		1.2 NAME		
STREET ADDRESS	7501 W. 18TH LANE		1.3 STREET ADDRESS		,
CITY-ST-ZIP	HIALEAH FL		1.4 CITY+ST-ZIP		
TITLE	VP	DELETE	2.1 TITLE		Change Addition
NAME OFFICE ADDRESS	FONDEUR, RICARDO AVENIDA 27 DE FEBRERO	461	2.2 NAME		
STREET ADDRESS	\$ANIAGO DO	<del>7</del> 01	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	10	DELETE	3.1 TITLE		Change Addition
NAME	MUNOZ, CARLOS A		3.2 NAME		
STREET ADDRESS		<b>#</b> 61	3.3 STREET ADDRESS		
CITY-ST-ZIP	SANTIAGO DO	T Decese	3.4 CITY-ST-ZIP		Change Taddistra
TITLE	D MINOZ V JOSE A	☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS	MUNOZ V., JOSE A AVENIDA 27 DE FEBRERO	#R1	4. 2 NAME 4.3 STREET ADDRESS		3 1
CITY-ST-ZIP	SANTIAGO DO	, v,	4.4 CITY-ST-ZIP		
TITLE	8	DELETE	5.1 TITLE		Change Addition
NAME	BESKIN ESQ, JAY R		5.2 NAME		
STREET ADDRESS	20801 BISCAYNE BLVD., #5	505	5.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL	T 05,525	5.4 CITY - ST - ZIP	<u> </u>	T Oboson T address
TITLE		DELETE	6.1 TITLE		Change Addition
NAME PARCET ADDRESS			6.2 NAME 6.3 Street address		
STREET ADDRESS CITY-ST-ZIP			64 CITY-ST-ZIP		
OH 1 * 31 * ZIF	1	/ 1	■ U1 UII - 31' LIF		i

14. I hereby certify that the information supplied with this fiting ad indicated on this annual report or supplemental arrival report officer or director of the corporation or the receiver of trustee Block 12 or Block 13 if changed, or on an attachment with an entire trustee. In it qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information to be any accurate and that my signature shall have the same legal effect as if made under oath; that I am an impower to be executed this report as required by Chapter 607, Florida Statutes; and that my name appears in