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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 **DOCUMENT #**

P96000044123 (3)

FILED Apr 28 1998 8:00am Secretary of State

1. Corporatio	EN, INC.	0044120 (0)			<u> </u>
Principal Place of Business Mailing Address					Mill Batti gidit bigat itikin tihon 3111 todi
4222 RIVERHILLS DRIVE 4222 RIVERHILLS DRIVE					
TAMPA FL 33	617	TAMPA FL 33617		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				05/23/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3381033	Not Applicable
Suite, Apt. #, etc		Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		City & State			Fee Required
City & State				6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country	28	Country	Trust Fund Contribution 8. This corporation owes or has p	
24	25	29	30	Personal Property Tax due Jun	And
	g. Name and Address of Curre		1÷ - 1	10. Name and Address of New R	
AM	ERILAWYER CHARTERED		81 Name	A //- car	F 1
343 ALMERIA AVENUE			82 Street Add	ress (P.O. Box Number is Not Accepta	EGUÍ able)
CORAL GABLES FL 33134			4222	- RIVERHILLS Z	rive
			83		
			84 City		85 Zip Code
. <u> </u>			TA	MPF	FL 33617
SIGNATURE	Signature: Types or or red name of registers of	cent and title of applicable (NO	orida Statutes. Ancos Ti: Registered Agent signature requi	poration submits this statement for the tion's board of directors. I heroby accepted by the control of the cont	.20.98
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	PD	☐ DELET E	1.1 TITLE		☐ Change ☐ Addition
NAME	UZCATEGUI, MARCO A		1.2 NAME		
STREET ADDRESS	4222 RIVERHILLS DRIVE TAMPA FL 33617		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VSTD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	RUJANO, JOSE R	witch	2.2 NAME		
STREET ADDRESS	4222 RIVERHILLS DRIVE		23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME	1		3.2 NAME		*
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		,	3.4. CITY- \$1 - ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	l		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5 4 CHY-ST-ZIP		Change Addition
NAME	•		6.1 TITLE		Clourings Clavorini
į	ı		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 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 absorbment with an address.