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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## POCUMENT # P96000044201 (7)

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2783 NW 79TH AVENUE						2793 NW 79TH AVENUE										
MIAMI FL 33122						MIAMI FL 33122						DO NOT WRITE IN THIS SPACE				
										*	-		E IN THIS	SPACE		
											"	<ul> <li>Date Incorporated or Qualified 05/23/1996</li> </ul>				
2.	Principal Pl	ace of Busin		⊾ Mailing Add	illing Address			4	. FEI Number		I Ar	plied For				
21	<b>-</b> ·					26						65-0680190		— <del>— — — — — — — — — — — — — — — — — — </del>	t Applicable	
Suite, Apt. #, etc.						Suite, Apt. #, etc.					+-			\$8.75		
22						27					9	Certificate of Status Desired		Fee Re		
$\overline{}$	City & State					City & State					6	Election Campaign Financing		\$5.00	May Be	
23					28	_ }						Trust Fund Contribution	_Ц	Added I		
	Zip	·			F·¬ '		Country	Jountry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No						
24	<del></del>	9. Name	25     Name and Address of Current			29     30     Registered Agent					10. Name and Address of New Registered Agent					
	CASTRO, ANDRES G									Vame						
10070 NW 9 ST., CIR. #202								62	١.,	Ches at A doles	000 (	P.O. Box Number is Not Accepta	hlal			
MIAMI FL 33172								62	<b> </b>	Street Addre	988 (1	P.O. Box Number is not Accepta	ююј		١	
	THE STATE OF THE S								Τ							
									1-	City				<b>85</b> Zip (	Code	
										•			FL	.		
Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of 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 appoagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typind or printed name of trig series agent a left the displacement. (NOTE: Registered Agent signature required when reinstating).  DATE												pointment as	registered			
12				OFFICERS AN			(1,011)	13.				ADDITIONS/CHANGES TO OFF		DIRECTOR	IS IN 12	
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	Y-ST-ZIP	MIAMI F	-L 3	3172	<del>-</del> -		ri etc		1.4 CITY - \$1 - ZIP		ηį	ami, Florida 331	_ماعا		T-3 4 4 100	
TITL	l					<b>□</b> D	ELETE	2.1 TITLE						☐ Change	Addition	
NA	· .							2 2 NAME								
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CIT	CITY-ST-ZIP					. 34. Cr			ST-	ZIP						
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NAME STREET ADDRESS							5.2 NAME									
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l	EET ADDRESS							6.3 STREET	AD-	DRESS						
	r-ST-ZIP							6.4 CITY - S								

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 attachment within address.

CICNATURE.

- Houston

Kinney and

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(3. ).

**FILED** 

May 05 1998 8:00am

Secretary of State