	NOW: FILING FEE /	AFTER	MAY 1ST	' IS \$5	50.00	FILED
	PROFIT PORATION		FLORIDA DEP	ARTMENT		Jan 30 1998 8:00am
ANNU	JAL REPORT		Secre	etary of Sta	ite	Secretary of State
		<u> </u>			HATIONS	
. Corporation		0044	649 (1	)		
300 AR	AGON, INC.					) INTERNAL IN ALIA ALIA ALIA ALIA ALIA ALIA ALI
incipal Place	e of Business	Mailin	g Address	-,		
	AVE., SUITE 104 ES FL 33146		greco ave., su al gables fl 3			
						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
Principal Pl	lace of Business	<u> </u>	ailing Address			4. FEI Number
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.			APPLIED FOR 65-069 /89 Not Applicable 5. Certificate of Status Desired \$8.75 Additional
City & State	Ð	27	y & State		<u> </u>	6. Election Campaign Financing \$5.00 May Be
Zip	Country	28	>		untry	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
	25 9. Name and Address of Curre	29 nt Registere	ed Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	LUSSOLIA & ASSOCIATES D SOUTH BISCAYNE BLVD.				81 Name 82 Street Ac	dress (P.O. Box Number is Not Acceptable)
SU	ITE 4815 AMI FL 33131				83	
IVIL	400 FE 33131				84 City	FL SI Zip Code
Pursuant t	to the provisions of Sections 607.050	02 and 607.1	508, Florida Sta	tutes the s	above-named ci	
anant 1			Such change wa	is authorize	ed by the caroo	protation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
	m familiar with, and accept the oblig	pations of, Se	Such change wa action 607.0505,	Florida Sta	ed by the corpo atutes.	proration submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
GNATURE	Signature, typed or printed name of registered ag OFFICERS AN	ent and litle if app	plicable. (N RS	OTE: Register	ed Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ENATURE	Signature, typed or printed name of registered ag OFFICERS AN D SALUSSOLIA, PIERO	ent and litle if app ID DIRECTO	RS	IOTE: Registern 13. 1.1 T	ed Agent signature re	uired when reinstating) DATE
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