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

DOCUMENT # P96000049662 (5)

FILED Mar 04 1998 8:00am Secretary of State

Principal Piace 5704 NE 4TH MIAM FL 3313 US	of Business AVE.	Mailing Address 378 NE 56TH STREET MIAMI FL 33137		DO NOT WRITE IN TO 3. Date Incorporated or Qualified 06/10/1996 4. FEI Number	HIS SPACE
21 22	ace of Business 2 Ad 4	2a. Mailing Address NE	2nd Ave	65-0671091	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City, & State	my FL	28 MIAMI	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
21 233 /	37 5 00 DADE	29 733137	Country 30 DADE	This corporation owes or has pald the Personal Property Tax due June 30.	Yes No
378	9. Name and Address of Curren MSOE, JAN P NE 56TH STREET MI FL 33137		83 84 City		0£ A√e =L * 33437
office or re agent. I ar SIGNATURE	o the provisions of Septions 697,050 egistored profine, or both), in the State or by miliar with, and ecopythic obligations of the profine of the State of the St	www	s, the above-named corputhorized by the corporation of the corporation	oration submits this statement for the purpos on's board of directors. I hereby accept the	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS	PD Gonzalez, Olga M 924 Belle Meade Island D	PRIVE DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP	MIAMI FL 33138 VT	☐ DELETE	1.4 CITY-ST-ZIP		Change Addition
NAME STREET ADDRESS	BRIMSOE, JAN P 924 BELLE MEADE ISLAND D	_	2.2 NAME 2.3 STREET ADDRESS		County County
CITY-ST-ZIP TITLE	MIAMI FL 33138	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME		DELETE	4.4 City-St-ZiP 5.1 Title 5.2 NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	positive that the information area is at which	ith this filling does not qualify to	6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes. I furthe	ar 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 corporator of 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 many direction with an address

SIGNATURE:

2/25/98

(305)573-5600