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

PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Mar 20 1998 8:00am

Sandra B. Mortham

ANN	JAL REPORT 1998	DI	Secretary of VISION OF CO	of State	Secretary of State
	MENT # P960(I & CO., INC.	0005169	0 (1)		
Principal Plac	o of Rusiness	Mailing Addr	APC .		
Principal Place of Business Mailing Address 1809 ALTON RD 1609 ALTON RD					
MIAMI BEACI		MIAMI BEAC			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2. Principal F	Place of Business	2a, Mailing A	ddress		06/18/1996 4. FEI Number Applied For
21		26			65-0674 199 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt			5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat	e	City & Sta	te		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Zip		Country	Trust Fund Contribution
24	25	29	30	¬ ·	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr			<u></u>	10. Name, and Address of New Registered Agent
GA	IRCIA, ORLANDO JR			81 Name	Outendo Garela Ju
16	09 ALTON RD			82 Street	Address (P.O. Box Number is Not Acceptable)
MI/	AMI BEACH FL 33139			83	7415 SW 73rd Hue
		Λ		63	,
		-l		84 City	Mizmi FL 85 Zipcotie
11. Pursuant office or a agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and addept the obj	i502 and/607.1508,Fi ate of Fhrida. Such ch ligations of, Section 6	orida Statutes, nange was auth 07.0505, Florid	the above-named horized by the cor la Statutes.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered	7	Alore P		s required when reinstating) DATE
12.		AND DIRECTOR	(NOTE: N	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP		DELETE	1.1 TITLE	T Le Change Addition \$
NAME	Garcia, Orlando Jr	1		1.2 NAME	Olando Garela, 1
STREET ADDRESS	1609 ALTON RD			1.3 STREET ADDRESS	THIS SU 931d Ave
CITY+ST-ZIP	MIAMI BEACH FL 33139		O.F. CTF	1.4 CITY-ST-ZIP	mizmi, Flz 37175
TITLE	D\$	L.J	DELETE	2.1 TITLE	Change Addition C
NAME	GARCIA, MAGGIE 1609 ALTON RD		i	2.2 NAME	
STREET ADDRESS CITY-ST-ZIP	MIAMI BEACH FL 33139			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE	DT DEFICITE CO TOU		DELETE	3.1 TITLE	Change Addition
NAME	RAMIREZ, YUCELIN S			3.2 NAME	
STREET ADDRESS	1609 ALTON RD		Y	3.3 STREET ADDRESS	1
CITY-ST-ZIP	MIAMI BEACH FL 33139			3.4. CITY-ST-ZIP	
TITLE	· 		DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME				4. 2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	DELETE	4.4 C/TY - ST - Z/P	Channe P Addition
TITLE			DELEIE	5.1 TITLE 5.2 NAME	☐ Change ☐ Addition
NAME STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
TITLE			DELETE	6.1 TITLE	Change Addition
NAME				6.2 NAME	
CTOCCT ANDDECC		1	Λ	e a otheet annorce	

14. I hereby certify that the information supplied with this filling 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 Supplied entry 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 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 element with an address.