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

FILED Apr 02 1998 8:00am Secretary of State

| 27 City & Sate Country Country Zip Zip Zip Zip Zip Zip Zip Zi | Applied For Not Applicable 8.75 Additional Fee Required 65.00 May Be Added to Fees year Intangible as No |
|--|--|
| #203 HALEAH FL 33016 #204 HALEAH FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/19/1996 4. FEI Number 65-0673735 Suite, Apt. #, etc. 27 City & Sate 28 HAM City & Majing Address Suite, Apt. #, etc. 27 City & Sate 28 HAM City & Majing Address 65-0673735 Suite, Apt. #, etc. 27 City & Majing Address 65-0673735 65-0673735 5. Certificate of Status Desired Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Personal Property Tax due June 30. Yee 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | Applied For Not Applicable 8.75 Additional Fee Required 65.00 May Be Added to Fees year Intangible as No |
| HALEAH FL 33016 HIALEAH FL 33018 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/19/1996 2. Principal Place of Business 21 450 500 8 54000 . 26 450 500 8 54000 . 65-0673735 Suite, Apt. #, etc. 22 5 5. Certificate of Status Desired . 5. Ce | Applied For Not Applicable 8.75 Additional Fee Required 65.00 May Be Added to Fees year Intangible as No |
| 2. Principal Place of Business 3. Principal Place of Business 3. Principal Place of Business 3. Principal Place of Business 4. FEI Number 65-0673735 5. Certificate of Status Desired \$ Trust Fund Contribution 2. Principal Place of Business 4. FEI Number 65-0673735 5. Certificate of Status Desired \$ Trust Fund Contribution 2. Principal Place of Business 5. Certificate of Status Desired \$ Trust Fund Contribution 2. Principal Place of Business 5. Certificate of Status Desired \$ Trust Fund Contribution 2. Principal Place of Business 5. Certificate of Status Desired \$ Trust Fund Contribution \$ Trust Fund Contribution \$ Trust Fund Contribution \$ Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | Not Applicable 8.75 Additional Fee Required 65.00 May Be Added to Fees year Intangible ss No |
| 21 450 SW \$ SHLOOT, 26 4 SOSW \$ SHLOOT. 65-0673735 Suite, Apt. #, etc. 22 5 5. Certificate of Status Desired 5. Certificate of Stat | Not Applicable 8.75 Additional Fee Required 65.00 May Be Added to Fees year Intangible ss No |
| Suite, Apt. #, etc. 22 City & Sate City & Sate City & Sate City & Sate Country Zip Zip Zip Zip Zip Zip Zip Zi | 8.75 Additional Fee Required 65.00 May Be Added to Fees year Intangible as No |
| City & Sale 23 | S5.00 May Be Added to Fees year Intangible as No |
| Zip 3/30 25 Country Country Registered Agent Country Residence of Current Registered Agent B. This corporation owes or has paid the current Personal Property Tax due June 30. Yes | year Intangible as No |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agen | |
| | |
| MENDEZ, OSCAR | |
| 22399 WEST 74TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 203 | |
| HIALEAH/FL 33016 83 | |
| 84 City 85 | Zip Code |
| | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of characteristic of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of the provisions of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of characteristic of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of characteristic or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of characteristic or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of characteristic or registered agent, or both, in the State of Florida Sta | nging its registered nent as registered |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | |
| SIGNATURE Signature typed or printed name of registered agent and title ill applicable. (NOTE Registered Agent alguature required when reinstating) DATE | |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIR | ECTORS IN 12 |
| | Change |
| NAME MENDEZ, OSCAR | |
| STREET ADDRESS 2340 WEST 4TH ST. #203 13 STREET ADDRESS HALEAN FL 33016 14 CITY ST. 71P | |
| (1701) U. (1701) U. (1701) | Change Addition |
| TITLE LIDELETE 2.1TITLE LIDELETE 2.2TITLE 2.2NAME | Suarige [] Addition |
| STREET ADDRESS 2.3 STREET ADDRESS | |
| CITY-ST-ZIP 2.4 CITY-ST-ZIP | |
| | Change |
| NAME 3.2 NAME | |
| STREET ADDRESS 3.3 STREET ADDRESS | |
| CITY-ST-ZIP 3.4. CITY-ST-ZIP | |
| | Change |
| NAME 4.2 NAME | (|
| STREET ADDRESS 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | Change Addition |
| NAME 52 NAME | E. S. C. |
| STREET ADDRESS 53 STREET ADDRESS | |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP | |
| | Change |
| NAME 62 NAME | |
| STREET ADDRESS 6.3 STREET ADDRESS | |
| CITY-ST-ZIP 6.4 CITY-ST-ZIP | |
| 14. Thereby certify that the information supplied with this time does not qualify for the exemption state on 19.07(3)(i). Florida Statutes. I further certify indicated on this annual reporter ear, rieman all annual report is true and acquirete and that my signature shall have the same legal effect as if made under conflicter or director of the Corporation or the receive or trustee empowered by execute the same legal effect as if made under conflicter or director of the Corporation or the receive or trustee empowered by execute the same legal effect as if made under conflicter or director of the Corporation or the receiver or trustee empowered by execute the same legal effect as if made under conflicter or director of the Corporation or the receiver or trustee empowered by execute the same legal effect as if made under conflicter or director of the corporation of the receiver or trustee empowered by execute the same legal effect as if made under conflicter or director of the corporation of the receiver or trustee empowered by execute the same legal effect as if made under conflicter or director of the corporation of the receiver or trustee empowered by execute the same legal effect as if made under the corporation of the corporation of the same legal effect as if made under conflicter or director of the corporation of the | that the information oath; that I am an |
| officer or director of the corporation of the acceiver or trusteer empowered by Execute this result as positive by Chapter 607, Florida Statutes; and that my national statutes are the statutes of the statut | ame appears in |