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

Suite, Apt. #, etc. 27 City & State State City & State City & State State City & State City & State State City & State State City & State City & State State Status Desired Fee Required St.00 May Be Trust Fund Contribution Added to Fees Zip Country State Status Desired Status Desired Fee Required St.00 May Be Trust Fund Contribution Added to Fees
Principal Place of Business 3800 SOUTH STATE ROAD 7 SUITE 385 MIRAMAR FL 33023 US DO NOT WRITE IN THIS SPACE MIRAMAR FL 33023 US 3. Date Incorporated or Qualified 06/21/1996 4. FEI Number Applied For 65-0691519 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State City & State 28 City & State 29 Country Zip Country Zip Country Zip Country Zip Country Applied For 65-0691519 Not Applicable \$8.75 Additional Fee Required Fee Required Fee Required Fee Required Fee Required S. Trust Fund Contribution Added to Fees Personal Property Tex due June 30. Yes No ONGALVES, OLGARIO 3600 SOUTH STATE ROAD 7 #385
Principal Place of Business 3800 SOUTH STATE ROAD 7 SUITE 385 MIRAMAR FL 33023 US DO NOT WRITE IN THIS SPACE MIRAMAR FL 33023 US 3. Date Incorporated or Qualified 06/21/1996 4. FEI Number Applied For 65-0691519 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State City & State 28 City & State 29 Country Zip Country Zip Country Zip Country Zip Country Applied For 65-0691519 Not Applicable \$8.75 Additional Fee Required Fee Required Fee Required Fee Required Fee Required S. Trust Fund Contribution Added to Fees Personal Property Tex due June 30. Yes No ONGALVES, OLGARIO 3600 SOUTH STATE ROAD 7 #385
Suffe 365 MRAMAR FL 33023 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/21/1996 2. Principal Place of Business 26. Mailing Address 26. Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 City & State 28 City & State 28 City & State 28 Country 29 Country 21 Country 21 Country 22 Country 25 29 30 Country 30 Name and Address of Current Registered Agent GONQALVES, OLGARIO 3800 SOUTH STATE ROAD 7 #385
MRAMAR FL 33023 US MIRAMAR FL 33023 US 3. Date Incorporated or Qualified 06/21/1996 2. Principal Place of Business 26. Mailing Address 26. Mailing Address 26. Mailing Address 26. Cettificate of Status Desired 37. Fee Required City & State 27. City & State 28. City & State 28. Country 29. Zip 20. Country 21. Country 21. Country 22. Principal Place of Business 38. This corporation owes or has paid the current year Intangible Personal Property Tex due June 30. Yes No 9. Name and Address of Current Registered Agent GONGALVES, OLGARIO 3800 SOUTH STATE ROAD 7 #385
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Mailing Address 4. FEI Number 6. 5-0691519 Not Applicable 8.7.5 Additional Fee Required City & State City & State City & State City & State 2. City & State 3. Country Countr
2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Molity Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2c. City & State 2c. City & State 2c. City & State 2c. Country 2c. Certificate of Status Desired 2c. Certificate of Status D
21 26 65-0691519 Not Applicable Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. City & State Country Suite, Apt. #, etc. City & State City & State City & State City & State Country Suite, Apt. #, etc. City & State City & State Country Suite, Apt. #, etc. City & State City & State Country Suite, Apt. #, etc. City & State City & State Country Suite, Apt. #, etc. Country Status Desired Fee Required Fee Required Suite, Apt. #, etc. Country Status Desired Suite, Apt. #, etc. Suite, Apt. #, etc. Country Status Desired Suite, Apt. #, etc. Country Status Desired Suite, Apt. #, etc. Suite, Apt. #, etc. Country Status Desired Suite, Apt. #, etc. Suite, Apt. #, etc. Country Status Desired Suite, Apt. #, etc. Suite, Apt. #, etc. Country Status Desired Suite, Apt. #, etc. Suite, Apt. #
Suite, Apt. #, etc. 22 City & State City & State 28 City & State 29 Country R. This corporation owes or has paid the current year Intangible Personal Property Tex due June 30. Yes No Personal Property Tex due June 30. Yes No Rongalves, Olgario GONGALVES, OLGARIO 3800 SOUTH STATE ROAD 7 #385
27 City & State Country Country Country Country State C
City & State 28 City & State 28 Country Country Country 29 Country 30 Country Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent GONGALVES, OLGARIO 3800 SOUTH STATE ROAD 7 4385 City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)
Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent GONGALVES, OLGARIO 3800 SOUTH STATE ROAD 7 4385
Zip Country Zip Country S. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GONGALVES, OLGARIO 3800 SOUTH STATE ROAD 7 4385
25 29 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent GONGALVES, OLGARIO 3800 SOUTH STATE ROAD 7 4385 Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)
9, Name and Address of Current Registered Agent GONGALVES, OLGARIO 3600 SOUTH STATE ROAD 7 #365 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)
3600 SOUTH STATE ROAD 7 #365 Street Address (P.O. Box Number is Not Acceptable)
#385
MIRAMAR FL 33023
1 1
84 City FL 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 changing its registered office or registered egent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familia vilth and a Cept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE
SIGNATURE (NOTE: Registored Agent signature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D DELETE 1.1 TITLE Change Addition
NAME DOS RAMOS, OLGARIO G 12 NAME
STREET ADDRESS 189 E. FLAGLER ST. #1527 3600 S. State Rd. 7 1.3 STREET ADDRESS
CITY-ST-ZIP MAMIFL 33191 Suite # 365, Miramar, F1 3 104284-SI-ZIP
De constant of the first and
NAME DE GONCALVES, ZULEIMA N 22 NAME STREET ADDRESS 189 E. FLAGLER ST. #1527 3600 S. State Rd. 7 2.3 STREET ADDRESS
MANUEL 00404 Suite # 365 Minaman 171 2002
CITY-ST-ZIP DELETE 305, PITEMINET, PI. 2.V GFT X-ST-ZIP TITLE D Change Addition
NAME FRANKEL, CECILIA 3.2 NAME
STREET ADDRESS 169 E. FLAGLER ST. #1527 3.3 STREET ADDRESS
CITY-ST-ZIP MIAMI FL 33131 34 CITY-ST-ZIP
TITLE DELETE 4.1 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE DELETÉ 5.1 TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 chapter 607, or an address.

7.2298

FILED

Apr 15 1998 8:00am

Secretary of State