## 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 # P96000053611 (5)

CONCH R' US. INC.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

TITLE

NAME

Principal Place of Business Mailing Address 1771 BISCAYNE BLVD. 1771 BISCAYNE BLVD. OFFICE BLDG OFFICE BLDG DO NOT WRITE IN THIS SPACE MIAMI FL 33132 MIAMI FL 33132 3. Date Incorporated or Qualified 06/24/1996 2. Principal Place of Business 2a. Mailing Address Applied For 15525 5.W 105 Av 21 65-0675267 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be MIAM 23 Added to Fees Trust Fund Contribution Zio Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **AMERILAWYER CHARTERED** FER 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 05 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Ftorida, Such change was agent. I am familiar with, and accept the obligations of, Section 607.0505, R authorized by the core orida Statutos SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Ditt Change Addition TITLE 1.1 TITLE FERGUSON, IVAN E NAME 1.2 NAME **8240 NORTHEAST 4 PLACE SUITE 105** STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33138** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME

14. Thereby 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 13 if changed, or on an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-S1-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

4 1 TITLE

4.2 NAME

5.1 TITLE

61 TITLE

6.2 NAME

DELETE

DELETE

DELETE

SIGNATURE LICE SE EED CLICA .

03/20/98

(305) 234-8873

Change

Change

Addition

Addition

Addition

**FILED** 

May 20 1998 8:00am

Secretary of State