FILE NOW: FILING FEE AFTER MAY 1ST 15 \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1998	DIVISION OF	CORPORATIONS	Sociotary	or State
	MENT # P9600 ENTERPRISES, INC.	0054559 (5))		
100	GHIEM MOLOS MO.				8191 8178 1 7181 8148 (814 681
Principal Place	n of Business	Mailing Address			
777 BRICKELL AVENUE		777 BRICKELL AVENUE			
SUITE 950		SUITE 950		DO NOT WRITE IN TH	IIG GDACE
MIAMI FL 331	31	MIAMI FL 33131		3. Date Incorporated or Qualified	IIS SPACE
				06/26/1996	
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt.	# elc	Suite, Apt. #, etc.		65-0685463	Not Applicable \$8.75 Additional
22	#, G (C.	27]		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		[28]	1	Trust Fund Contribution	Added to Fees
Zip	Country	Ζ _I p	Country	8. This corporation owes or has paid the	_ `
24	25 9. Name and Address of Curre	29 nt Registered Agent	[30]	Personal Property Tax due June 30. 10. Name and Address of New Register	
AR	AZOZA,COAMAS,DE TORRES 8	 	81 Name	7 /	
101 MADEIRA AVENUE			82 Street Add	TORIANA CAM Iress (P.O. Box Number is Not Acceptable)	<u> </u>
CO	RAL GABLES FL 33134		10.	541 S.W. 40St.	
			83		
			84 City A		2ip Code
44 Parquant t	to the provisions of Sections 607 DU	02 and 607 1508 Florida State	itos the above named borr	noration submits this statement for the nuroes	e of changing its registered
office or re	ears pred agent or both, in the State	e of Horida. Such change was	authorized by the corpora	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Marion of	MIMMOCT		0	5/27/98
			11 Registered Agent signature requi		
TITLE	OFFICERS AN	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	CAMUSSO, ROBERTO C	- 17/LECTE	1.2 NAME		
STREET ADDRESS	2899 COLLINS AVENUE UNI	T 729	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY - ST - ZIP		
TITLE	0	DELLTE	2.1 THTLE		Change Addition
NAME	CAMUSSO, ADRIANA M	T 700	2.2 NAME		
STREET ADDRESS	2899 COLLINS AVENUE UNI	1 /29	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140	DELETE	2 4 CHY-ST-7IP 3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3,3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DECETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	·	
CITY-ST-ZIP TITLE		DEFETE	4.4 CITY - S1 - ZIP 5.1 TITLE		Change Addition
NAME		Paral School Services	5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 D/TY-ST- ZIP		
TITLE		DECETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
1217-91-7P i			■ 6.4 DHY+ST+71P 1		

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 12 or Block 13 if phayned, or on an attachment with an address

CNATURE (CONTRACTOR OF OCCURRENCE

0.1/25/00

FILED

Jun 18 1998 8:00am

Secretary of State