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 # P9600056656 (7)

Principal Place of Business Mailing Address 1020 OCEAN DRIVE 1020 OCEAN DRIVE MIAMI BEACH FL 33139						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
2. Principal Place of Business 2a. Mailing Address			.s			07/05/1996 4. FEI Number		Applied For	
1		26				65-0680757		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			· · · · · ·	5. Certificate of Status Desired			
City & State		City & State	,			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 4	Country 25 9. Name and Address of Co	Z ₁ p 29	Country 30			8. This corporation owes or has paid the current year Intangible Persona! Property Tax due June 30. Yes No 10. Name and Address of New Registered Abent No			
				81	Name	10. Hallie alle Adeless el Hell Hegisteles	Agoin		
HENDRY: IAN ITEM DRY LAN 1020 OCEAN DRIVE MIAMI BEACH FL 33139				82 Street Ad		dress (P.O. Box Number is Not Acceptable)			
				84	City	FL	85	Zip Code	
SIGNATURE						poration submits this statement for the purpose o ation's board of directors. I hereby accept the app	f changi xointmen	ng its registered t as registered	
12.	gnature, typed or printed name of register			d Age	ent signature requ	ADDITIONS/CHANGES TO OFFICERS AN	O DIOP	TODE IN 10	
	P	S AND DIRECTORS	13. TE 1.1 Ti	T) E		ADDITIONS/CHANGES TO OFFICERS AND	Char		
	HENDRY, IAN HEM			1.2 NAME				The Country	
				1.3 STREET ADDRESS					
ATY-ST-ZIP MIAMI BEACH FL			8 · · · ·	1.4 CITY-ST-ZIP					
TITLE	MINNI DEACH IL	DELE		2.1 TITLE			Char	nge Addition	
NAME				2.2 NAME			_	-	
STREET ADORESS					ADDRESS				
CITY-ST-ZIP					ST-ZIP				
TITLE		DELE					Char	nge Addition	
Ave. 45			22.10	A B 4 E					

STREET ADDRESS
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 changed, or on an attachment with an address.

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

TITLE

NAME

THE HENDRY

DELETE

DELETE

DELETE

4/7/98

(305)531 3485

Change

Change

Change

Addition

Addition

Addition

FILED

Apr 16 1998 8:00am

Secretary of State