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

PROFIT



FLORIDA DEPARTMENT OF STATE

Jun 09 1998 8:00am
Secretary of State

ANNU	RPORATIOI JAL RÉPOI 1998			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				Secretary of State			
	MENT #	Pa	16000	057	614						
MU	S)C to of Business	EXP	ORT (£N.	TER,	CORP.	1				
1750	S. W. 4	the Pc.	ACE	Maining Au	uress						
BOCA RATION, FLORIDA								DO NOT WRITE IN THIS SPACE			
	486							3. Date Incorporated/or Qualified 2/2/197	18/96		
2. Principal P	Place of Busines	55		2a. Maiting 26	Address			4. FEI Number 65-06793Y3		Applied For Not Applicable	-
Suite, Apt.	#, elc				pl. #, etc.			5. Certificate of Status Desired		5 Additional	1
City & State	ρ			27 City & S	itate			6. Election Campaign Financing	Fee	Required May Be	$\frac{1}{2}$
23				28				Trust Fund Contribution	_ ` `	ed to Fees	
Zip 24	25	Country	}	7 ip 29	3	Country	ĺ	This corporation owes or has painted Personal Property Tax due June		Intangible	ĺ
			s of Current R					10. Name and Address of New Re			1
						81 Name	Cr		MINNT		
							Addres S/	ss (P.O. Box Number is Not Acceptable COA)	^{e)} #30-j	>	
						83					1
						84 City	DEL	RAY BEACH		ip Code 3444]
office or r	regi ste red agen	t, or both,	in the State of f	fonda Suchi	change was aut	thorized by the cor	corpor	ration submits this statement for the p n's board of directors. I hereby accep	irpose of changin t the appointment	g its registered as registered	1
agent. La	ım fa miliar with,	and acce	pt the obligation	is of, Section	607.0505, Florid	Qu Statutes,	X	2m 6	11/98		ı
SIGNATURE	Signature typed or p	onnied name o	of registered agent ac	d title if applicable	(NOTE:)	Registe ell Agent signature	periupor	. V	DATE COS AND DIDECT	7000 IN 10	15
12. TITLE	PRESI	ENT		T	DELFTE	13. 1.1 TITLE	Τ	ADDITIONS/CHANGES TO OFFIC	Chang		Š
NAME	JUAR	ee	DESIMA			1.2 NAME					2
STREET ADDRESS CITY-ST-ZIP	BNA	RAT	OH PL ON, FZ, DENT	14CE 1334	86	1.3 STHELT ADDRESS 1.4 CITY - ST - ZIP	1				ŭ
TITLE	VICE P	Resid	SENT	1	DECETE	21 TITLE	 		Chang	ge Addition	לכ
NAME	LUIZ	SAN	TO Su PLA			2.2 NAME	ł				
STREET ADDRESS CITY-ST-ZIP			us Fi			2.3 STREET ADDRESS 2.4 CITY-ST-7IP					
TITLE	TREASU	non	•	ı	DELETE	3.1 TITLE			☐ Chang	ge Addition	1
NAME STREET ADDRESS	ODETE	SAI	utos th.Place ,Fl. 33	-		3.2 NAME 3.3 STREET ADDRESS]				1
CITY-ST-ZIP	BOCA	24700	F1. 33	186		34. CITY-ST-7IP					
TITLE	_		,,,	Ι	□ DELET€	4.1 TITLE			Chang	e Addition	
NAME STREET ADDRESS						4. 2 NAME 4.3 STREET ADDRESS					
CITY-ST-ZIP						4.4 CITY - SI - ZIP	<u> </u>				
TITLE NAME				Į.	DELETE	5.1 TITLE 5.2 NAME			☐ Chang	ge Addition	
STREET ADDRESS						5.2 NAME 5.3 STREET ADDRESS					
CITY-ST-ZIP					Tours	5.4 CITY - ST - ZIP			1106	n Addition	-
TITLE NAME				L	DELETE	6.1 TITLE 6.2 NAME		90000255	U Chang EBBEB	je ☐ Addition	
STREET ADDRESS						6.3 STREET ADDRESS	}	90000255 -06/09/980100 ***150,00	.6027	1.1.14	
CITY-ST-ZIP	and that it is					6.4 CITY-ST-ZIP	L	***150.00		101	1

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 logal 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 or an attribute this production.