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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 21 1998 8:00am Secretary of State

	1998	DIVISION OF C	ONFORKTIONS	,	
1. Corporation	MENT # P960 E PROPERTIES & INVEST	00060531 (6) MENTS, INC.			
Principal Place	e of Business	Mailing Address]
13044 SW 68 LANE Miami FL 33183		POB 143401 CORAL GABLES FL 33114 US		DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualified 07/19/1996	
-	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt #, etc.		65-0692496	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	•	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
23 Zip	Country	7 _{(p}	Country	8. This corporation owes or has paid the	Added to Fees
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent	81 Na	10. Name and Address of New Registe	red Agent
	ALDIVIA, MARIA 3044 SW 68 LANE		<u> </u>		
	IAMI FL 33183		82 Str	rect Address (P.O. Box Number is Not Acceptable)	
			83		
			84 Cit	ity	FL 85 Zip Code
11. Pursuant to	io the provisions of Sections 607.0 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statute ite of Florida, Such change was ai	s, the above-nar uthorized by the	med corporation submits this statement for the purpo corporation's board of directors. I hereby accept the	
-	m tantiliar with, and accept the obl	ligations of, Section 607.0505, Hol	rida Statutes.		
SIGNATURE	Signature, typed or printed name of registeres :			grature required when reinstating) DA	
12.	PSD OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
NAME	VALDIVIA, MARIA		1.2 NAME		
STREET ADDRESS	13044 SW 68 LANE		1.3 STREET ADDR	RESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2 1 TITLE		☐ Change ☐ Addition ☐
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADDR	pres	
CITY-\$T-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	·	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDR	RESS	
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP	P	Change Addition
TITLE NAME		TT DETELE	4.1 TITLE 4.2 NAME		Change C Adexion
STREET ADDRESS			4.2 NAME 4.3 STREET ADDR	RFSS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP		}
TITLE		☐ DELETE	5.1 TiTLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDR	AESS	
CITY-ST-ZIP		- Flantre	5.4 C/TY - S1 - ZIP		
TITLE		DELETE	61 THLE		Change Addition
NAME .			6.2 NAME	pree	
STREET ADDRESS			6.3 STREET ADDR		
CITY-ST-7IP	and the second and t	If this three slage pater of the	6.4 CITY - ST - ZIP	ctated in Caption 119.07(9Vi). Elevido Statutos I furth	an a shift tab at tab a line on the same

14. Thereby certify that the information supplies 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 or charlyon, or on an attachment with an address

SIGNATURE DO WORK IN DISCO