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 # P96000062843 (3)

FILED Jul 16 1998 8:00am Secretary of State

FIRSTC	ALL CON	MUI	NICATIONS, IN	IC.						
Principal Place	e of Busines	SS		М	ailing Address			·····		
855 S.W. 78TH	H AVENUE			В	55 S.W. 78TH AVENUE					
PLANTATION I					LANTATION FL 33324					
									1	DO NOT WRITE IN THIS SPACE
					•					3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address										07/26/1996 4. FEI Number Applied For
2. Principal Place of Business				- ⊢	├ ¬					7.45.00.70
21 Suite, AM. #, etc.			26	Suite, Apt. #, etc.					65-069 1202 Not Applicable \$8.75 Additional	
22	Q (Q)			27	0010, 71pt. #, 010.				İ	5. Certificate of Status Desired Fee Required
City & State	3				City & State					6. Election Campaign Financing \$5.00 May Be
23				28	28					Trust Fund Contribution Added to Fees
Zip		C	ountry	- 1==1	Zip	Co	untry	,		8. This corporation owes or has paid the current year Intangible
24		25		29		30				Personal Property Tax due June 30. Yes No
	9. Name	and /	ddress of Curren	t Regis	tered Agent					10. Name and Address of New Registered Agent
PAF	RDES, MIC	HAEL					81	Name		
855 S.W. 78 AVENUE							82	Street A	Address (P.O. Box Number is Not Acceptable)	
PLA	NOITATION	FL 33	324					0,,00,7		(15/ 55/ 15/ 15/ 15/ 15/ 15/ 15/ 15/ 15/
							83			
	•						84	City		FL 85 Zip Code
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE .	Slopatore type:	d or orinle	d harno of registered ago	e and tile	it applicable (NO	11: Booiston	ad Apo	ent signature i	required v	when reinstating) DATE
12.	organization in the contract of the contract o		OFFICERS AND			13.	_ <u> </u>	on organica o	10401001	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<u> </u>				DELETE	1.1 T		T		Change Addition
NAME	PARDE	S, ABI	RAHAM			1.2 A	AME			·
STREET ADDRESS 21000 N.E. 28TH AVENUE, SL				JITE 2	ITE 202 1.31			ADDRESS	85	55 SW 78 Avenue
CITY-ST-ZIP NORTH MIAMI FL 33180						1.4 CITY-ST-ZIP		Pl	lantation, FL 33324	
TITLE	0				DELETE	2.1 7	ITLE			Change Addition
NAME	\$ELF, N	MICHA	EL		, .	2.2 6	IAME			•
STREET ADDRESS	21000 1	VE 28	th avenue, sui	ITE 20:	2	2.3 \$	TREET	ADDRESS	85	55 BW 78 Avenue
700_/	Ņ. MIAN	AI FL	33180			2.44	CITY-5	ST-ZIP	Ma	intation, FC 33324
THLE	D				☐ DELETE	3.1 7	ITŁE			Change 🔲 Addition
NAME			HOWARD			3.2 N	IAME			·
STREET ADDRESS			th avenue, sui	ITE 202	2	3.3 S	TREET	ADDRESS	85	15 SW 7B Avenue,
CITY-ST-ZIP	N. MIAN	ALFL:	33180			3.4. 0	CITY - S	ST - ZIP	Pla	intation, FC 33324
TITLE	•				☐ DELETE	4.1 T	IILE	1		☐ Change ☐ Addition
NAME						4.21	NAME	1		
STREET ADDRESS						4.3 S	TREET	ADDRESS		
CITY-ST-ZIP						4.4 C	IIY-S	T-21P		
TITLE					DELETE	5.1 T	ITLE	T		Change Addition
NAME						5.2 N	AME			
STREET ADDRESS						5.3 S	TREET	ADDRESS		
CITY-ST-ZIP						5.4 0	ITY-S	T-ZIP		
TITLE					DELETE	6.17	ITLE			Change Addition
NAME						6.2 N	IAME	ļ		
STREET ADDRESS						6.3 S	TREET	ADDRESS	:	
CITY-ST-ZIP					·····		ITY-S			
14 I hereby c	ertify that the	ne intor	mation supplied wi	ith this f	iling does not qualify:	for the ex	emp	tion states	d in Se	ection 119 07(3)(i) Florida Statutes. I further certify that the information

receive control that the information supplies with this tiling does not quality 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 eath; that I am an officer or director of this 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.

(asu) 452 -7000