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**

FILED Feb 23 1998 8:00am Secretary of State

		Mailing Address 1021 S.W. 74TH AVENI			**DO NOT WRITE IN THI	
03					3. Date Incorporated or Qualified	5 SPACE
					07/26/1996	
2. Principal Place of Business 2s. Mailing Add			3		4. FEI Number	Applied For
21 26 Suite, Apt. #, stc. Suite, Apt.			t # etc		65-0699530	Not Applicable
22	<i>"</i> , 5(6)	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zin	7 1 0	28			Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip	Cou	ntry	8. This corporation owes or has paid the o	
24[9. Name and Address of Curre	29 ent Registered Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
CU	CUELLAR, AHYIUN					
1020 S.W. 74TH AVENUE				82 Street A	Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33144					Todaroso (1.0. Box 14shibbi 15 Not Acceptable)	
				63		
				84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 607 05	02 and 607 1508 Florida State	itae tha ah	our pamod i	F	
office or r	egistered agent, or both, in the Statement the obligation	ie of Florida. Such change was	authorized	by the corp	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	opointment as registered
	птивлинат мил, ало ассерт те ори	gations of, Section 607,0505, F	-iorida Stati	nes.		
SIGNATURE	Signature, typod or printed name of registered a	gent and title (applicable (NC	TE: Registered	Agent signature r	required when reinstating) DATE	***************************************
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	¢D	DELETE	1.1 TIT	LE		Change Addition
NAME	CUELLAR, FERNANDO A		1.2 NA	ME		
STREET ADDRESS	1021 S.W. 74TH AVE.		1.3 ST	HEET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144	DELETE		Y-ST-ZIP	4. A	
TITLE		DELETE	2.1 111			Change Addition
NAME			2.2 NA	1		
STREET ADORESS				REET ADORESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CIT	Y-ST-ZIP		D Addition
NAME		otter				L Change Addition
STREET ADDRESS			3.2 NAI			
				EET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CH	Y-ST-ZIP		Change Addition
NAME			4. 2 NA	1		
STREET ADDRESS				EE1 ADORESS		
CITY-ST-ZIP			i i	Y-ST-ZIP		
TITLE	-	DELETE	5.1 TITE			Change Addition
NAME			5.2 NAM			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				(-\$T-ZIP		
TITLE		☐ DELETE	6.1 TITL			Change Addition
NAME			6.2 NAX			
STREET ADDRESS				EET ADORESS		
CITY-ST-ZIP				-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.