



<p>AMENDED PROFIT CORPORATION ANNUAL REPORT</p> <p>1998 \$61.25</p>		<p>FLORIDA DEPARTMENT OF STATE</p> <p>Sandra B. Mortham</p> <p>Secretary of State</p> <p>DIVISION OF CORPORATIONS</p>
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Principal Place of Business	Mailing Address
3090 Shawnee Avenue West Palm Beach, FL 33409	

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	2b	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent	
81	Name
82	Street Address
83	
84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, partnership, or limited liability company is changing its principal office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's/partnership's/limited liability company's board of directors/partners/members. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS				13.	
TITLE	C	<input type="checkbox"/> DELETE	1.1 TITLE	C/A	
NAME	Enrique Rente		1.2 NAME	Enc	
STREET ADDRESS	207 Moccasin Trail North		1.3 STREET ADDRESS	207	
CITY-ST-ZIP	Jupiter, FL 33458		1.4 CITY-ST-ZIP	Jup	
TITLE	P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		
NAME	Antonio Rente		2.2 NAME		
STREET ADDRESS	203 Moccasin Trail North		2.3 STREET ADDRESS		
CITY-ST-ZIP	Jupiter, FL 33458		2.4 CITY-ST-ZIP		
TITLE	V/T	<input type="checkbox"/> DELETE	3.1 TITLE		
NAME	Juan Rente		3.2 NAME		
STREET ADDRESS	203 Moccasin Trail North		3.3 STREET ADDRESS		
CITY-ST-ZIP	Jupiter, FL 33458		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE		
NAME	Francisca A. Rente		4.2 NAME		
STREET ADDRESS	203 Moccasin Trail North		4.3 STREET ADDRESS		
CITY-ST-ZIP	Jupiter, FL 33458		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		
NAME	—		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		
NAME	—		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 102(b)(7) of the Securities Exchange Act of 1934, and that the information included on this annual report or supplemental annual report is true and accurate and that my signature is that of the duly authorized officer or director of the corporation or the receiver or trustee empowered to execute this report as required by the Securities Exchange Act of 1934, and that the information is true and accurate as of the date of Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Francesca A. Rente
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
98 OCT 21 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
8/13/96

4. FEI Number		Applied For
65-0683989		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

MOCCASIN TRAIL NORTH

 (when reinstating) DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

Gue Rente
Moccasin Trail North
Steer, FL 32458

☐ Change ☐ Addition

000002674690--9
-10/28/98--01075--016

*****b1.25 *****b1.25
☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

ction 119.07(3)(i), Florida Statutes. I further certify that the information
shall have the same legal effect as if made under oath; that I am an

9/18/98 (561) 742-5518

CR2E034 (5/98)