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 A

DOCUMENT # P96000070860 (7)

FILED Feb 09 1998 8:00am Secretary of State

GILBE		Mailing Address 1721 FERRIS AVE TAMPA FL 33603			
				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE.
				08/23/1996	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number 59-2508383	Applied For
21		26		APPLIED FOR	Not Applicable
Suite, Apt.	. #, elc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	ia	City & State		6 Flation Committee Financian	~ ~~
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent	04 1	10. Name and Address of New Registered	Agent
	AZ, ARISTIDES JR		81 Name		
1721 FERRIS AVE TAMPA FL 33603			82 Street Add	dress (P.O. Box Number is Not Acceptable)	^
· IA	MILY LF 23003		83		
			84 City	FL	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered by	gent and little if applicable. (NOTI	orida Statules.		
12.	OFFICERS AT	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	DIAZ, ARISTIDES JR] DELETE	11 TITLE		Change Addition
NAME STREET ADDRESS	1721 FERRIS AVE		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	DIAZ, ARISTIDES JR	<u> </u>	2.2 NAME		
STREET ADDRESS	1721 FERRIS AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33603		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			, 3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		No.	3.4. CITY-ST-ZIP	The state of the s	Ta
TITLE		L DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>	DELETE	4.4 CITY+ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		- Perrie	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DEL et e	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. Thereby o	certify that the information supplied on this annual report or supplement	with this filing does not qualify for tal annual report is true and acc	r the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further course shall have the same legal effect as if made un	ertify 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.

CIONATURE.

Court Soul

1-21-9

620-4495