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 # P96000071692 (3)

,	LE INCORPORAT		07 1092	2 (3)								
Principal Place of Business			Mailing Address				-		ie ak do ak da	90; (1010 0)((1))(
112 SOUTH HIBISCUS DRIVE MIAMI FL 33139-5130			112 SOUTH HIBISCUS DRIVE MIAMI FL 33139-5130									
,									DO NOT WRI		SPACE	
								3. Date Incorporate	d or Qualitied	1		
2. Principal Place of Business			2e. Mailing Address				08/26/1996 4. FEI Number	65-0	7475	82 Ar	pplied For	
21			26				N OT A PPL		1100		ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Sta				Additional equired	
City & State			City & State				6. Election Campai	gn Financing			May Be	
23			28				Trust Fund Contr				to Fees	
Zip	Country		Zip			Country		8. This corporation				
24	25 9 Name and Add	ress of Current I	29 Registered Age	ni	[30]	Personal Property Tax due June 3 10. Name and Address of New Regi						X No
g. Name and Address of Current Registered Agent LANGEN, CHRISTOPHER ESQ.						Na	me	10, 144,000 11,40,144				
112 SOUTH HIBISCUS DRIVE							eet Addre	ess (P.O. Box Number i	s Not Accent	able)		
MIAMI FL 33139-5130												
					63	1						
					84	Cit	У			FI	85 Zip	Code
11, Pursuant office or reagent. Le	to the provisions of Se egistered agent, or bo m familiar with, and ar	ctions 607.0502 of th, in the State of cept the obligation	and 607.1508, F Florida, Such c	lorida Statut hange was a	es, the abov authorized b	e-nar y the	ned corporati	oration submits this sta on's board of directors	tement for the I hereby acc			ts registered registered
SIGNATURE		over the same	0.10 0.1 0.101.0									
	Signature, typed or printed na				nature require		1050 70 051	DATE	I DIDECTOR	20 11 12		
12.	D	OFFICERS AND I		DELETE	13. 1.1 TITLE		Т	ADDITIONS/CHAN	IGES TO DEL	-ICERS AF	Change	Addition
NAME HEINKE, STEPHAN					1.2 NAME							
STREET ADDRESS 112 SOUTH HIBISCUS DRIVE			1.3 STREET ADDRESS			ESS						
CITY-ST-ZIP	MIAMI FL 33139-	·	1.4 CITY-5	ST-ZIP								
TITLE			L] DEL ëte	2.1 TITLE		ļ				Change	Addition
NAME					2.2 NAME		[
STREET ADDRESS					2.3 STREE							
CITY-ST-ZIP TITLE				DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE						Change	Addition
NAME					3.2 NAME		ĺ					
STREET ADDRESS					3.3 STREET	t addr	ess					
CITY-ST-ZIP					3 4. CITY-	ST-ZIP	l					
TITLE				DELETE	4.1 TITLE						Change	Addition
NAME	AME				4. 2 NAME		ļ					
STREET ADDRESS					4.3 STREET	T ADOR	ESS					
CITY-ST-ZIP					4.4 CITY - 5	ST-ZIP						
TITLE			L	DELETE	5.1 TITLE		- }				Change	Addition
NAME					5.2 NAME							
STREET ADDRESS					5.3 STREFT	-	ESS					
CITY-ST-ZIP				DELETE	5.4 CITY- S	ST - 7IP					☐ Change	Addition
TITLE			L	PULLETE	6.1 TITLE						□ crange	C Maddition
NAME CTOCCT ADDRESS					6.2 NAME	r anon						

14. Thereby certify that the information supplied with this filling 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 emplowered 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 all-priment with an address.

SIGNATURE:

CITY-ST-ZIP

Jenim

3/30/98

(305)674-0023

FILED

Apr 03 1998 8:00am

Secretary of State