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

POCUMENT # P96000733

FILED May 21 1998 8:00am Secretary of State

	NDO A. GONZALEZ, P.A.	0070040 (0)			
Principal Place		Mailing Address			
28 W FLAGLER STREET. #600 28 W FLAGLER STREET. MIAMI FL 22130" MIAMI FL 22130"			r. #600	DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	3 ST ACE
				09/04/1996	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0691649	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		8. Election Campaign Financing	\$5.00 May Be
23		28	- 	Trust Fund Contribution	Added to Fees
コダスしる		ニスろいろり		8. This corporation owes or has paid the o	
24 2212	9. Name and Address of Curren	1 Registered Agent	30 MDE	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
	ONZALEZ, RICARDO A	thogonolog Agoin	81 Name	10.	- 1.3011.
	B W FLAGLER STREET, #600		00 65-1 0-1-	/DO CONTRACTOR OF THE ASSESSMENT	
MIAMI FL 32430			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
***	main 10 pe 100		83		
			84 City		as Bassa
				F	L ° 33130
11. Pursuant I office or re agent. I ar SIGNATURE	egist considers to both, in the State my state with and accept the obligation of the	of Floryh Such change way a strong strong of the strong st	undorized by the corporal undorized by the corporal undo diatules. State of the corporal signature requirements of the corporal signature requirements.	toration submits this statement for the purpose ion's board of directors. I hereby accept the a	
12.	OFFICE	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DP U	DELETE	1 1 TITLE		Change Addition
NAME	GONZALEZ, RICARĎO A		1.2 NAME		
STREET ADDRESS	28 W FLAGLER STREET, #6		1.3 STREET ADDRESS		
CITY-ST-7IP	MIAMI FL 32180 3313	0	1.4 CITY-ST-ZIP		
TITLE		DELETE	2 1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS	i		2.3 STREET ADDRESS		
CITY-ST-ZIP		DECETE	2.4 CITY-ST-7/P		Change Addition
TITLE		DELETE	3.1 TITLE		Change Addition
NAME OTREET ADDRESS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY - ST- ZIP		
CITY-ST-ZIP TITLE		DELETE	3.4. CHY-S1-ZIP		Change Addition
NAME		F-1 Access	4 2 NAME		Carlo Committee
STREET ADDRESS	ı		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 THLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
14. Thereby o	ertify that the information supplied w	ith this filing does not quality to	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this annual report as Spelicmental 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 country from 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 charged, or on an attachment with an address.

SIGNATURE

Biomedo A. Crowsauer Dix & Pass. 14/28/48