4-20 98 B 5/23 NC 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

	JMENT # P960(SA RIDEAU HOLDINGS, IN		(8)			HE HUMI MUHA KARAFAHU ARAK	
Principal Place of Business Mailing Address					- CORRESPONDE AND CONCORDED THE CONTRACT OF TH		
•	1550 MADRUGA AVENUE 1550 MADRUGA AVENUE						
SUITE 120 SUITE 120							
CORAL GABLES FL 33146 CORAL GABLES FL 33146			L 33146		DO NOT WRITE IN THIS S	3PACE	
US		US			3. Date Incorporated or Qualified		
					08/29/1996		
2. Principal Place of Business 2a. Mailing			5		4. FEI Number	Applied For	
26					65-0700199	Not Applicable	
Suite, Apt. #, etc.			U.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	alo	City & State			A Flores Occasion Florest	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
- -1 ·		 		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
2ip	Country	28 Zip	Cou	ntrv	8. This corporation owes or has paid the cur		
4	25	29	30			Tent year intangible ☐ Yes ☐ No	
	9. Name and Address of Curr		<u></u>		10. Name and Address of New Registered	Agent	
M	ICCLASKEY, ROBERT M JR		:	81 Name			
1:	550 MADRUGA AVE		}	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
SUITE 120				Sileet Add	areas (r.o. box Number is Not Acceptable)		
CORAL GABLES FL 33148				83			
			ļ	84 City		85 Zip Code	
				City	FL	85 Zip Code	
agent. I SIGNATURE	Signature typoid or printed name of rugistered 8				ation's board of directors. I hereby accept the appulation of the property of		
TITLE	T D	DELET		I.F.	ADDITIONS OF TAXABLE TO STEEL OF TAXABLE	Change Addition	
NAME	HEVIA, CARLOS	_	1,2 NA				
STREET ADDRESS	ASSE OUR SAST AUTUUT		- 1	REET ADDRESS		1	
CITY-SI-ZIP	MIAMI FL 33152			Y-ST-ZIP			
TITLE	1	DELE				Change Addition	
NAME	1		2.2 NA	j			
STREET ADORESS	.1			REET ADDRESS			
CITY-ST-ZIP			1	ry-St-ZiP			
TITLE	<u> </u>	DELET				☐ Change ☐ Addition	
NAME			32 NA	ME			
STREET ADDRESS	: [3.3 \$16	HEET ADDRESS			
CITY+\$T-ZIP			3.4, CI	TY-ST-ZIP			
TITLE		DELET	E 4.1 YIT	.E		Change Addition	
NAME			4. 2 NA	ME			
STREET ADDRESS	.]		4.3 ST	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE	1	☐ DELET	E 5.1 T/T	TE	•	☐ Change ☐ Addition [
NAME			5.2 NA	ME		Ì	
STREET ADDRESS	. }		5.3 STF	EET ADDRESS			
CITY-ST-ZIP	<u> </u>			Y-51-21P			
TITLE		DELET		ľ		☐ Change ☐ Addition	
NAME			6.2 NA	- 1			
STREET AODRESS	ľ		6.3 STF	EET ADDRESS		j	

14. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Apr 20 1998 8:00am

Secretary of State