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 Apr 22 1998 8:00am Secretary of State

1	MENT # P9600 EB USA, INC.	00074818 (1)		881) 81894 11884 11885 1811 1886
Principal Plac	e of Business	Mailing Address			001) 01001 18101 (1E01 101) 1001
914 STANTON DRIVE 15970 WEST STATE RO			OAD 84		
FORT LAUDERDALE FL 33326		# 145			
		SUNRISE FL 33326		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address		09/05/1996 4. FEI Number	Applied For
· -		26		65-0794311	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.		-,	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		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 o	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	g, Name and Address of Curr	ant Registered Agent		10. Name and Address of New Registere	d Agent
	nda, rafael		81 Namo		
914 STANTON DRIVE FORT LAUDERDALE FL 33326			82 Street	Address (P.O. Box Number is Not Acceptable)	
'	THE ENOUGHDALL TE GOOD		63		
			84 City	F	85 Zip Code
agent. La SIGNATURE	Stynuture, typed or pented cause of tegetlered a		Florida Statutes. OTL Registered Agent signature 113.	corporation submits this statement for the purpose poration's board of directors. I hereby accept the appropriate the purpose of the purpose	
THILE	DP STATE	DELFTE	1.1 TITLE	ADDITIONO OF ANGLE TO CATICE IN A	Change Addition
NAME	LANDA, RAFAEL		1.2 NAME		
STREET ADORESS	914 STANTON DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WESTON FL 33326		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP		Change Addition
NAME		Cotte	3.1 TITLE		Change C Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELET i	4 1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-7IP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP	Committee of Committee Committee of the	DELETE	5.4 CITY-ST-ZIP		Change Addition
THILE		LJ DELETE	61 TITLE		Change Addition
NAME exercis appeired			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 13 if changed, or on an attachment with an address.

SIGNATURE:

(888)55777776