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PROFIT CORPORATION ANNUAL REPORT

1998



11 ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 02 1998 8:00am
Secretary of State

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Principal Plac	ce of Business	Mailing Addre	Mailing Address			1 10011001 110 10110 01111 00111 00111	DI 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Principal Place of Business Suite, Apt. #, etc. City & State Cip Country 25 9. Name and Address of Curr ESTEVEZ, ANTHONY J 2655 8. LEJEUNE ROAD PENTHOUSE 1C CORAL GABLES FL 33134 Pursuant to the provisions of Sections 607 0 office or registered agent, or both, in the Stategent. I am familiar with, and accept the ob- NATURE Signature typed resemble for a chicachidal. CIP LICERS 7 D ESTEVEZ, ANTHONY J 2655 S. LEJEUNE ROAD, P CORAL GABLES FL 33134	2655 S. LEJE PENTHOUSE					
CORAL GABLES FL 33134			CORAL GABLES FL 33134			DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 09/11/1996 4. FEL Number 65-0708817 5. Certificate of Status Desired \$8.75 Additional Fee Required \$6. Election Campaign Financing \$5.00 May Be Added to Fees \$1.00 May Be Added to Fees \$1.00 May Be Personal Proporty Tax due June 30 Yes No 10. Name and Address of New Registered Agent ame reet Address (P.O. Box Number is Not Acceptable) are reet Address (P.O. Box Number is Not Acceptable) are reet Address (P.O. Box Number is Not Acceptable) are Address (P.O. Box Numb	
	Place of Business	2a. Mariing Ad	ridress			•• • • • • • • • • • • • • • • • • • • •	
21		26	· 	 .		65-0708817	
	#, etc.	Suite, Apt	#, etc.			5. Certificate of Status Desired	
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23		Fr i 1	City & State			, -	
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EC	——————————————————————————————————————		·	81	Name		
				<u> </u>			
				82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)
				В3	<u> </u>		<u>. </u>
CC	MAL GABLES PL 33 134						
				84	City		85 Zip Code
44 Purcuant	to the pressions of Sections 6077	1609 and 607 1609 Et	orido Statutos	the above	o-riamed core	poration submits this statement for the	
office or r	registered agent, or both, in the St	ate of Florida, Such ef	iange was auth	iorized by	y the corporat	ion's board of directors. I hereby acce	pp the appointment as register
SIGNATURE							
12.			(NOTE RE	13.	so; signature requir		·
TITLE	T h		DELETE	1.1 THLE	1	ADDITIONS/CHANGES TO OFFI	· ·-·
NAME	ESTEVEZ ANTHONY I	_		1.2 NAME			
		PENTHUSE 10			ADORESS		
CITY+ST-ZiP				1.4 CiTY - S			
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STREET ADDRESS				6.3 STREET	ADDRESS		Or CIV
				6.4 CITY - S			\'\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
City-St-ZiP 14. Thereby of	certify that the information supplied	d with this filmo does r	not qualify for the	ne exemp	tion stated in	Section 119.07(3)(i), Florida Statutes.	I further certify that the informa
indicatéd	Lon this annual report or suppleme	ental annual report is tr	rue and accura	te and th	at my signatur	re shall have the same legal effect as uired by Chapter 607, Florida Statutes;	if made under oath: that I am a