## 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

	MENT # P96000 OF SOUTH FLORIDA, INC.	0077510 (1)			
Principal Plac	e of Business	Mailing Address			BAUT ING ÖT BILGI ILAN ÖDNY 1861
1301 NW 25TH STREET 1301 NW 25TH STREET MIAMI FL 33142 MIAMI FL 33142					
WILLIAM IF AN	1 19-	INCOME I & BUITS		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified 09/17/1996	ľ
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0697056	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & Stat	6	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25 9. Name and Address of Currer	29	30	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
DA	JUDALES, MARION	It Hadistaten Ağatır	B1 Name	10. Name and Address of New negistere	u Agent
1301 NW 25TH STREET MIAMI FL 33142			83 M/	ress (P.O. Box Number is Not Acceptable)  1 W 4 th AVE  4 M = L.	
			84 City	F	L 85 Zip Code / 4 3
agent. 1 a	am familiar with, and accept the oblig-	ations of, Section 607.0505, Flo	orida Statutes. . Registerad Agent signalure requi		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME	RAUDALES, MARION F	☐ DELETE	1.1 TITLE		Change Addition
STREET ADDRESS	1301 NW 25TH STREET		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		1.4 CITY-ST-ZIP	·	!
TITLE	THE THIS IS NOT THE	DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME	•	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			. 3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		}
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP		Change Addition
NAME		L- DULLIE	4.1 TITLE 4.2 NAME		LI CHANGE LI MOUITON
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		İ
STREET ADDRESS	,		5.3 STREET ADDRESS		
CITY+ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I 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.

**FILED** 

Apr 17 1998 8:00am

Secretary of State