

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

FILED
Feb 18 1998 8:00am
Secretary of State

DOCUMENT # P96000080152 (7)

1. Corporation Name:

PHASE TWO MANAGEMENT, INC.

Principal Place of Business:

4850 S.W. 72 AVENUE
MIAMI FL 33155

Mailing Address:

4850 S.W. 72 AVENUE
MIAMI FL 33155



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1996

4. FEI Number

65-0727685

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

CERVANTES, PATRICIO
4850 S.W. 72 AVENUE
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Patricio Cervantes

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/98

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

D
CERVANTES, PATRICIO
4850 S.W. 72 AVENUE
MIAMI FL 33155

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

D
CERVANTES, MARIA E
4850 S.W. 72 AVENUE
MIAMI FL 33155

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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 of this report or on an affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0216001

CR2E034 (1097)