FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000081602 (0)

EDMUNDO VARELA & ASSOCIATES, INC.

FILED Mar 11 1998 8:00am Secretary of State

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						<u> </u>
Principal Plac	e of Business	Mailing Address				r 100:100: tin 13110 bitti natil 2011 00:11 00101 12101 12101 12101 4111 4211 421
11782 SW 921		11782 SW 92ND TERRACE				
MIAMI FL 331	66	MIAMI FL 33186				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						10/02/1996
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0701899 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				SR 75 Additional
22		27				Certificate of Status Desired Fee Required
City & Stat	е	City & State		_		6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes X No
	9. Name and Address of Curre					10. Name and Address of New Registered Agent
VAF	RELA, EDMUNDO			81	Name	
	82 SW 92ND TERRACE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)
	MI FL 33186		ł	"	JUBBU AUUI	less (F.O. box lautiliber is faut Acceptable)
******	unit 1 E 00 100			83		
				_		· · · · · · · · · · · · · · · · · · ·
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607,1508, Florida Statutes	the at	ove	-named corp	poration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the Stat Im familiar with, and accept the obli	e of Florida, Such change was au gations of, Section 607,0505, Flori	ithorized ida Stat	i by utes	the corporati	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	.				
SIGNATURE	Signature, typed or printed name of registered as	gont and title if applicable (NOTE:	Registered	Ager	nt signature require	red when reinstating) DATE
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 10	LE		Change Addition
NAME	VARELA, EDMUNDO		1.2 NA	ME	1	
STREET ADDRESS	11782 SW 92ND TERRACE		1.3 \$1	REET /	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186		1.4 CII	TY-ST	-21P	
TITLE		DELETE	2.1 111	LE		Change Addition
NAME			2.2 NA	ME	ŀ	
STREET ADDRESS			2.3 ST	REET A	ADDRESS	
CITY-ST-ZIP			2.4 CI	TY- \$1	T-ZIP	<u> </u>
TITLE		☐ DELETE	3.1 TIT	LE		Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 \$11	REET A	ADDRESS	
CITY-ST-ZIP			3.4. CI	TY- \$1	T-ZIP	
TITLE		DELETE	4.1 TIT	LE		Change Addition
NAME			4. 2 NA	ME	Ì	
STREET ADDRESS			4.3 STI	REET A	address	
CITY-ST-ZIP			4.4 CIT	Y-ST	-ZIP	
TITLE		DELETE	5.1 TIT			Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 STI	REET A	ADDRESS .	
CITY-ST-ZIP			5.4 CIT	Y-ST	-ZIP	
TITLE		☐ DELETE	6.1 TIT			Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			6.4 CIT			
	ortify that the information symplicity	with this filing does not qualify for				Section 119 07/31/i) Florida Statutes I further certify that the information

rine by certify that the information supplied with this filling does not quality 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 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.

SIGNATURE: