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

PROFIT CORPORATION ANNUAL REPORT

1002

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 01 1998 8:00am Secretary of State

		00083408 (0)						
Principal Plac	ce of Business	Mailing Address) 80101 18180 11111 81011 8 1		
520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131		520 BRICKELL KEY DRIV SUITE 0-305 MIAMI FL 33131			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
					10/09/1996		:	
`	Principal Place of Business 2a. Mailing Address				4. FEI Number		plied For	
Suite, Apt. #, etc.		Suite Ant # etc	Suite, Apt. #, etc.		65-0738352	40 7E	Not Applicable \$8.75 Additional	
Suite, Apr. #, etc.		 	27		5. Certificate of Status Desired		Additional equired	
City & Star	te	City & State	City & State		6. Election Campaign Financing	g \$5.00 May Be Added to Fees		
23 Žip	Country	28 Zip			Trust Fund Contribution			
24	25 29 30		⊢ ′		Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
52 SL	DJAS, MARCO E 10 BRICKELL KEY DRIVE JITE 0-305		82 Street Addre		lress (P.O. Box Number is Not Acceptable	e)		
MI	AMI FL 33131	21.65.1	63					
		4 74.4	84	City	FL 85 Zip Code		Code	
office or agent. I a	to the provisions of Sections 607 registered agent, or both, in the Sam familiar with, and accept the o				poration submits this statement for the pution's board of directors. I hereby accept ired when renstating)	rpose of changing n the appointment as	s registered registered	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE			
TOTLE	D CANCUEZ CANDRA	☐ DELETE	1.1 TITLE	-		☐ Change	☐ Addition	
NAME STREET ADDRESS	SANCHEZ, SANDRA 520 BRICKELL KEY DRIVE	E, SUITE O-305	1.2 NAME 1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	MIAMI FL 33131	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition	
NAME	· ·		2.2 NAME					
STREET ADDRESS	1		2.3 STREET	ADDRESS				
CITY-ST-ZIP			2 4 CITY-ST-ZIP					
TITLE		☐ DELETE	31 TITLE			Change	Addition	
NAME STREET ADDRESS	ŀ		3.2 NAME 3.3 STREET	ADDRESS				
CITY-ST-ZIP			3.4. CITY -					
TITLE			4.1 TITLE	51-21		Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP	T herere		4.4 CITY - S	T-ZIP	· · · · · · · · · · · · · · · · · · ·		T LA DV	
TITLE			5.1 TITLE			[] Change	☐ Addition	
NAME STREET ADDRESS	İ		5.2 NAME 5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S					
TITLE		DELETE 6.1				☐ Change	Addition	
			6.2 NAME					
I ADDRESS			6.3 STREET	ADDRESS				
CITY-SI-ZIP	and if that the information a section	of with this files deep and a second of	64 CITY-S		Postion 440 07/0Vil Florida Otation 14	who codit the	inform-+1	
indicated officer or Block 12	certily that the information supplied on this annual report or supplier director of the corporation or the or Block 13 if changed, or on so	no win this ning does not qualify for ental angual report is true and acc receiver at trustee empowered to ettechnical with an address.	or the exemp curate and th execute this	at my signatu report as req	n Section 119.07(3)(i), Florida Statutes. I fuure shall have the same legal effect as if r quired by Chapter 607, Florida Statutes; a	urnier certify that the made under oath; the nd that my name ap	at I am an pears in	