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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000086463 (2) DOCUMENT #
1. Corporation Name

FILED Feb 19 1998 8:00am Secretary of State

Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible
Principal Place of Business 1899 My \$ ST. PEMBROKE PINES FL 33028 2a. Mailing Address 2b. Mailing Address 2c. Mailing Address
Principal Place of Business 1899 My \$ ST. PEMBROKE PINES FL 33028 2a. Mailing Address 2b. Mailing Address 2c. Mailing Address
PEMBROKE PINES FL 33028 PEMBROKE PINES FL 330
2. Principal Place of Business 2a. Mailing Address 2b. Mailing
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0699499 Not. Applied For 65-0699499 Not. Applied
2. Principal Place of Business
2. Principal Place of Business 2a. Mailing Address 5. Certificate of Status Desired St.75 Additional Fee Required City & State City & State Country 2p Country 2p Country 2p 3p Personal Property Tax due June 30. Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 10. Name and Address of New Registered Agent 10. Name 10. Name
28
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 27
City & State
28
Zip Country Zip Country Zip Country B. This corporation owes or has paid the current year inlangible Personal Property Tax due June 30.
24 25 29 30 Personal Property Tax due June 30. Yes Not Special Registered Agent 10. Name and Address of New Registered Agent 10. Name 10. Name and Address of New Registered Agent 10. Name 10.
9. Name and Address of Current Registered Agent ALVAREZ, EVELYN 15899 NW 5 ST. PEMBROKE PINES FL 33028 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 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and life if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE DPS ALVAREZ, JESUS D 12. DELETE 1.1 ITILE DPS ALVAREZ, JESUS D 13. STREET ADDRESS SIRRET ADDRESS SIRRET ADDRESS SIRRET ADDRESS SIRRET ADDRESS SIRRET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL DELETE 21 TITLE DELETE Change Additional A
ALVAREZ, EVELYN 15899 NW 5 ST. PEMBROKE PINES FL 33028 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Street Address (P.O. Box Number is Not Acceptable) 86 FL 85 Zip Code 87 FL 85 Zip Code 88 City FL 85 Zip Code 89 FL 80 Zip Code 80 FL 80 Zip Code 80 FL 80 Zip Code 81 Authorized by the corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 81 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Address City FL Street Address City City FL Street Address City Cit
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. NAME ALVAREZ, JESUS D 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPS ALVAREZ, JESUS D 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. INTILE DPS ALVAREZ, JESUS D 15. STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL DELETE 1.1 TITLE 1.3 STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE Change Additional
PEMBROKE PINES FL 33028 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 Signature, typed or printed name of registered agent and liftle if applicable (NOTE: Registered Agent signature required when reinstaing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPS ALVAREZ, JESUS D 12.NAME ALVAREZ, JESUS D 15899 NW 5 ST. 13.STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL DELETE DELETE 1.1 TITLE Change Additional Change
84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and liftle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPS
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS II 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPS II 1.1 TITLE Change Additionable ALVAREZ, JESUS D 1.2 NAME STREET ADDRESS OITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Additionable Additionable Change Additionable Additionable Additionable Change Additionable Additionable Additionable Change Additionable Additionable Change Additionable Additionable Change Additionable Additionable Change Additionable Change Additionable Change Additionable Additionable Change Chan
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS II 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPS II 1.1 TITLE Change Additionable ALVAREZ, JESUS D 1.2 NAME STREET ADDRESS OITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Additionable Additionable Change Additionable Additionable Additionable Change Additionable Additionable Additionable Change Additionable Additionable Change Additionable Additionable Change Additionable Additionable Change Additionable Change Additionable Change Additionable Additionable Change Chan
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS II 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPS
SIGNATURE SIGNATURE SIgnature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPS ALVAREZ, JESUS D 12. NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Additional C
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DPS ALVAREZ, JESUS D 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.3 STREET ADDRESS CITY-ST-ZIP DELETE 2.1 TITLE DELETE 2.1 TITLE Change Additional Control of the printed name of registered agent and reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Additional Control of the printed name of registered agent and releasting) DATE TITLE DPS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Additional Control of the printed name of registered agent and releasting) DATE DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Additional Control of the printed name of registered agent aignature required when reinstating) DATE TITLE DPS 1.1 TITLE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Additional Control of the printed name of registered agent aignature required when reinstating) DATE TOTAL
DPS
NAME
15899 NW 5 ST. 1.3 STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Additional Control of the control
CITY-ST-ZIP PEMBROKE PINES FL 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE
TITLE DELETE 2.1 TITLE Change Addition
STREET ADDRESS 23 STREET ADDRESS
CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Add/it
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4. CITY-ST-ZIP
TITLE DELETE 4.1 TITLE Change Additi
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE DELETE 5.1 TITLE Change Additi
NAME 52 NAME
STREET ADDRESS 5.3 STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
STREET ADDRESS 5.3 STREET ADDRESS
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

indicated on this annual report or supplied with this limit does not quality for the exemptor stated in Section 19.07(3)(f), Florida Statutes, 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 an attachment with an address.