## 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

		0086934 (2)			
C.B. Ar	NTENAS, INC.				
Principal Plac	e of Business	Mailing Address			<u> </u>
l'			INE STE		
MIAMI FL 33186		12501 N. KENDALL DR., SIDE STE. MIAMI FL 33186			
				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address	·	10/22/1996 4. FEI Number	Applied For
21	-	26		65-0703410	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip <b>29</b>	Country 30	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current year Intangible
	9, Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registers	ad Agent
KONDLA, RICHARD F 81 Name					
12501 N. KENDALL DR., SIDE STE.			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33186			B3		
J					
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-na				orporation 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. Fam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.					
SIGNATURE			·· <b>_</b>		
12.	Signature, typed or printed name of registered age OFFICERS ANI		Registered Agent signature red 13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	ORELLANA, JOSE A		1.2 NAME		_ · -
STREET ADDRESS	12501 N. KENDALL DR., SIDE	STE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CHY-ST-ZIP		Change Addition
TITLE NAME		□] DETEIL	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY+ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-\$T-ZIP			4 4 CITY - ST - ZIP		
TITLE		DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME	_	
STREET ADDRESS			5.3 STREET ADDRESS	The same	
CITY-ST-ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME		C. Decere	6.2 NAME		Shango Addition
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	_		6.4 CITY - ST - ZIP		

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.

SIGNATURE:

**FILED** 

May 14 1998 8:00am

Secretary of State