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

**CORPORATION** ANNUAL REPORT 1998



ELOBIDA DEPARTMENT DE STATE

## Sandra B. Mortham

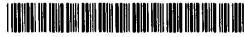
Secretary of State DIVISION OF CORPORATIONS

P96000087292 (4) DOCUMENT #

GERARDO F. SALCINES, C.P.A., P.A.

Principal Place of Business Mailing Address 2827 SW 18 STREET 2827 SW 18 STREET MIAMI FL 33146 MIAMI FL 33146

## **FILED** Apr 09 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0703874 Not Applicable 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ Trust Fund Contribution Added to Fees 23 28 Zip Country Country This corporation owes or has paid the current year Intangible 33145 33145 Personal Property Tax due June 30. Yes □ Ño 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 SALCINES, GERARDO F C.P.A. 2827 SW 18 STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 809146X 83 84 City 33145 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, typod or printed imme of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE PD SALCINES, GERARDO F C.P.A. NAME 1.2 NAME 2827 S.W. 18 ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33145 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change **K** Addition SALCINES, RITA M. 2827 SW 18 Street NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS Miami, Florida 33145 CITY-ST-ZIP 2.4 CITY+ST-ZIP DELETE Addition TITLE 3.1 TITLE Change 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 of 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 changes or or an applicable of the receiver of 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 changes or or an applicable of the receiver of t

SIGNATURE: 2

GERARDO F. SALCINES

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