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

PROFIT CORPORATION ANNUAL REPORT

1998

14. I hereby certify that the information supplied with indicated on this annual report or supplemental officer or director of the corporation or in fect Block 12 or Block 13 if partified, by the corporation of the corp

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 15 1998 8:00am Secretary of State

	MENT # P96000 EAS PURCHASING SERVICE				HEL YORK BOYN COINE HAL TOOL
Principal Place of Business Mailing Address					
	AYSHORE DRIVE	999 SOUTH BAYSHORE I	nΦ	<b>\</b>	
808		908			
MIAMI HO 33131		MIAMI HO 33131		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified	
2 Principal Pl	ace of Business	2a. Mailing Address		10/25/1996 4. FEI Number	Applied For
21	000 0, 000 000	26		65-07 18335	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23				Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the c	
24!	25 Name and Address of Current	Registered Agent	[30]	Personal Property Tex due June 30.  10. Name and Address of New Registerer	Yes No
TAI	<del></del>		81 Name	10, 114111	
	RIELLO PASSERELLI , MARIO O O SOUTH BAYSHORE DR		20 0		
SUITE 908			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	WI FL 33131		83		
••••	T		-		
			84 City	F	L 85 Zip Code
SIGNATURE	to the provisions of Sections 607.0505 egistered agent, or both, in the State or familiar with, and accept the obligat Signature typed or printed name of registered agen		es, the above-named corpora authorized by the corpora orida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the appropriate when reinstating)	of changing its registered oppointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
THTLE	PSD	☐ DELETE	1.1 TITLE		Change Addition
NAME	TARIELLO PASSARELLI , MAR		1.2 NAME		
STREET ADORESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-ST-ZIP		
BITLE	TD	☐ DELETE	2.1 TITLE		Change
NAME	CANO, ELIZABETH	- 0.075 000	2.2 NAME		
STREET ADDRESS	MANUEL AND A		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33131	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
1		[_] otten	<b>f</b>		C Change C Addition }
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY+S1-ZIP			3.4 CITY-ST-ZIP		ļ
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		<del>-</del>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		Ì
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
THTLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		ļ
STREET ADDRESS			6.3 STREET ADDRESS		
1 000 00 00	İ				1

filing does not qualify fol the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hual report is true and accorate and that my signature shall have the same legal effect as if made under oath, that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

04/08/98.