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

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1998 DOCUMENT # P96000089555 (2)

DISCO	VENT REALTT 100, INO.			
Principal Plac	e of Business	Mailing Address		t cobsisses see force arriv sally solly solly solly force state other sills of 11 (0\$)
7327NW 36 S	TREET	7327NW 36 STREET		
MIAMI FL 331		MIAMI FL 33166		DO NOT MIDITE IN THIS SOACE
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
				10/31/1996
2. Principal F	Place of Business	2a, Mailing Address		4. FEI Number 65 - 0830 468 Applied For
21		26		APPLIED FOR Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc		\$9.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	te	City & State		Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Cui	29	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	· · · · · · · · · · · · · · · · · · ·	reut Lafterstan Wästif	81 N	10. Name and Address of New Registered Agent
	NZ, MARY L			
7327NW 36 STREET		82 S	eet Address (P.O. Box Number is Not Acceptable)	
MUF	AMI FL 33166		83	
•				
			84 C	FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.	0502 and 607 1508 Florida S	tatules the above-na	<u> </u>
office or	registered agent, or both, in the St	tate of Florida Such change v	vas authorized by the	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
•	am lamiliar with, and accept the of	oligations of, Section 607.050:	s, Florida Statutes.	
SIGNATURE	Signature, typod or printed name of registured	secont and the if applicable	(NOTE Registered Agent s	nature required when reinstating) DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	Change Additio
NAME	DIAZ, MARY L		1.2 NAME	
STREET ADDRESS	3869 ALRANTARA AVENUE		1.3 STREET ADD	ESS
CITY-ST-ZIP	MIAMI FL 33166		1.4 C(TY - ST - Z)	
TITLE		DELETE	2.1 TITLE	Change Additio
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADD	ESS .
CITY-ST-ZIP			2. 4 City-St-Z	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADD	ESS
CITY-ST-ZIP			3.4. CHY-ST-Z	·
TITLE		☐ DELETE	4.1 TITLE	Change Additio
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADD	ESS (
CITY-ST-ZIP			4.4 C(1) Y - \$1 - Z(
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Additio
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADD	ESS
CITY-ST-ZIP	ľ		E A CUTY OT 31	
TITLE			5.4 City - St - Zi	
		DELETE		Change Addition
NAME		DELETE		Change Additio
NAME STREET ADDRESS		DELETE	6.1 TITLE	

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 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 12 it changed for on an attact mental annual report.

FILED

May 06 1998 8:00am

Secretary of State