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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000095208 (0)

SCHUAL, INC.

Principal Place of Business

Mailing Address

21150 POINT PLACE #2205

P.O. BOX 8020

FILED Apr 20 1998 8:00am Secretary of State



AVENTURA FL 83180		HALLANDALE FL 33008 US		DO NOT WRITE IN THIS SPACE	
		•		3. Date Incorporated or Qualified	
				11/21/1996	
 -	lace of Business	2a. Mailing Address		4. FEI Number 65-0748208	Applied For
21	4	26 CO ALAN 8). Schnedor	APPLIED FOR	Not Applicable
Suite, Apt.	ਜ, G IC.	Suite, Apt. #, etc.	11/- 0 . 40	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	a	27 3230 STIRU.	NUT LOND		
23		28 Houyuw	n 92	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curre	
24	25	29 33021 3	o ´	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Current	Registered Agent	<u> </u>	10. Name and Address of New Registered A	gent
SCHNEIDER, ALAN B					
	0803 BISCAYNE BLVD.		62 Street Ac	HIAN B SCHNELOUR	
S	UITE 200		355,5	Idress (P.O. Box Number is Not Acceptable) 3230 STIRLING ROAD	
A	VENTURA FL 33180		[83]	SUITE 1A	
			84 City		85 Zip Code
				Howywood FL	3302/
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 about, or both, at the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent, Lam fam ar 🚧 📶 Coulet the philipations of, Section 607.0505, Florida Statutes.					
SIGNATURE	_ Jour			(u) ied when reinstaling) DATE DATE	78
	Signature typed or printed number of registered agent OFFICERS AND		Registered Agent signature rec	<u></u>	·
12.	PSTD OF FICE HS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	FUCHS, MARCELO	C. Other	1.2 NAME	·	Origingo required
STREET ADDRESS	21150 POINT PLACE #2205		1.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		1.4 CITY-ST-ZIP		
TITLE	VP	DELETE	2.1 TITLE		Change Addition
NAME	FUCHS, CLAUDIA K.		2.2 NAME		_ • _
STREET ADDRESS	21150 POINT PLACE #2205		2.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			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	1	Í
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE	Į.	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Obanes I dell'or
TITLE		[] טנננונ	61 THUE	ı	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	artify that the information supplied with	this filing does not qualify for	6.4 CITY - ST - ZIP	in Section 119.07(3)(i), Florida Statutes. I further cer	tify that the information
indicated	on this annual report or supplied war	annual report is true and accur	ate and that my signa	in Section 119.07(3)(i), Florida Statutes. I further cer iture shall have the same legal effect as if made und	ler oath: that I am an

Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made vinder daily, shall annual report of the corporation or the receiver or trusted 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: