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**

DOCUMENT # P96000095261 (9)

Principal Place of Business	Mailing Address
3765 NW 79TH ST.	3765 NW 79TH ST.
MIAMI FL 33147	Miami Fl 33147

FILED Jan 28 1998 8:00am Secretary of State

	ce of Business	Mailing Address 3765 NW 79TH S	· ·				
MIAMI FL 33147 MIAMI FL 33147							
					<u> </u>	IN THIS SPACE	
					3. Date Incorporated or Qualified 11/21/1996		
	Place of Business	2a. Mailing Addre	ss		4. FEI Number		Applied For
21		26			65-0709486		Not Applicable
Suite, Apt. #, etc.				5. Certificate of Status Desired	T	5 Additional	
22 27 City & State City & State			·			Required	
23 28				Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip	Country	Zip	Cour	itry	8. This corporation owes or has pa		
24	25	29	30		Personal Property Tax due June		I I No
		of Current Registered Agent			10. Name and Address of New Re	gistered Agent	
	SCOBAR, JOSE A		-	Name			
	65 NW 79TH ST.		ļ.	32 Street Add	ress (P.O. Box Number is Not Acceptate	ole)	
MI	AMI FL 33147						
				33			
			Ī	34 City		85 Zi	p Code
11 Pursuant	to the provisions of Section	s 607 0502 and 607 1508. Florida	Statules the ab	ve-pamed core	poration submits this statement for the p	FL 55 2	n its registered
office or i	registered agent, or both, in	i the State of Florida. Such chang	e was authorized	by the corporat	tion's board of directors. I hereby accep	of the appointment	as registered
=	ım tamıllar wan, and accept	the obligations of, Section 607.0	505, Fiorida Statu	tes.			
SIGNATURE	Signature, typed or printed name of a	egistered agent and title if applicable.	(NOTE Registered	Agent signaturo requi	red when re-instaling)	DATE	
12.		CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	ORS IN 12
TITLE	DPST	☐ DEFI	TE 1.1 TITL	E		Change	e 🔲 Addition
NAME	ESCOBAR, JOSE A		1.2 NAN	IE			
STREET ADDRESS	11046 SW 2ND ST.		1.3 STR	EET ADDRESS	• •		
CITY-ST-ZIP	MIAMI FL 33174			-S1-ZIP			
TITLE		☐ DELI		ŧ .		Change	e L Addition
NAME			2.2 NAA	Ī			
STREET ADDRESS				E1 ADDRESS			}
CITY-ST-ZIP	<u> </u>	DELE		r-S1-ZIP		Change	Addition
TITLE NAME	,	נ_ן טנננ	3.1 JHL 3.2 NAM			ET chaude	- LI MUUIIIOII
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		•.		-ST-ZIP			
TITLE		DEI.E				Change	Addition
NAME			4. 2 NAI				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			1
TITLE	-	☐ DELE				☐ Change	Addition
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STRI	ET ADDRESS			
CITY-ST-ZIP				- ST - 7IP			
TITLE		☐ DELE	TE 6.1 THL			Change	e 🔲 Addition
NAME			6.2 NAV	E			
STREET ADDRESS			6 3 STAI	ET ADDRESS	•		
CETY - ST - ZIP			64 CITY	- ST - 7(P			

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.