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 #

P96000097079 (3)

LUCY CRESPO PA

FILED Mar 31 1998 8:00am Secretary of State



Dringing Dies	a of Burinasa	Mailing Address	·····	-)		HII HEBH BUHI I	
Principal Place of Business Mailing Address								
2213 E ATLANTIC BLVD POMPANO BEACH FL 33062-5209 POMPANO BEACH FL 33062-5209 POMPANO BEACH FL 33062-5209								
Tomatio periorite adde della					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifie	d		
<u> </u>					01/01/1997			
	lace of Business W. Comm BWD.	2a. Mailing Address	· Comun Bl	,,	4. FEI Number	007		plied For
21 7061		26 706 W Suite, Apt. #, etc.	· COMUNE DU	A D .	<u>65-0713</u>			ot Applicable
Suite Apt		27 SUITE	5B		5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State		City & State			6. Election Campaign Financing		\$5.00	
23 TAY	MARAC, CL	28 Amari	AC. H_		Trust Fund Contribution			to Fees
Zip	Country	Zip 22 2 (0	Country		8. This corporation owes or has	paid the cur	ent year Int	angible
24 333		1	30 054		Personal Property Tax due Ju			No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
	FAHMY, HANY							
2213 E ATLANTIC BLVD 82 Street Ad					s (P.O. Box Number Not Accep	table	1	
POMPANO BEACH FL 33062-5209 53					61 W. Comm	····	D .	
			63	\leq	uite 5B			
			84 City	-	Ando so	FL	85 Zip	Code
11 Purement	to the provisions of Sections 607.0502 a	and 607 1508. Florida Statute	as the above-named	corpor	ation submits this statement for th		changing it	s registered
l office or r	egistered agent, or both, in the State of	Florida, Such change was a	uthorized by the corn	oration	s board of directors. I hereby ac	cept the app	ointment as	registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or pulled make of registered agent and title of pyricable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND I	DIRECTORS	13.	+	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 12
TITLE	PST	DELETE	1.1 TITLE			`	Change	Addition
NAME	CRESPO, LUCERO		1.2 NAME					ا . ا
STREET ADDRESS	2213 E ATLANTIC BLVD		1.3 STREET ADDRESS	700	MARAC, FL 3	(D) >	ITE!	5B
CITY-ST-ZIP	POMPANO BEACH FL 33062-		1.4 CITY - ST - ZIP	_77	AMARAC, FC 3	133 19		
TITLE		DELETE	2.5 TITLE				Change	Addition (
NAME			2.2 NAME					j
STREET ADDRESS			2.3 STREET ADDRESS					
CITY+ST-ZIP TITLE		DELETE	2. 4 CITY-\$T-ZIP 3.1 TITLE				Change	Addition
I NAME		EJ OLECTE	3.2 NAME				C CHAINGO	receiven
STREET ADDRESS			3.3 STREET ADDRESS		·			
CITY-S1-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME				-	1
STREET ADDRESS			4.3 STREET ADDRESS					1
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		DELĒTE	5.1 TITLE				Change	Addition
NAME			5.2 NAME					J
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP		<u></u>	5.4 CITY - ST - ZIP			· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6 3 STREET ADDRESS					
CITY-ST-ZIP			6 4 CITY+ST-ZIP					
14. I hereby o	pertify that the information supplied with	this filing does not qualify for	r the exemption stated	d in Se	ection 119.07(3)(i). Florida Statutes	. I further ce	tify that the	information

indicated on this annual report or supplied with an annual report is five 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.

CNATIBE