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 # P96000097902 (6)

Principal Plac 1460 BRICKE SUITE 310 MIAMI FL 331	LL AVENUE	Mailing Address 1460 BRICKELL AVENUE SUITE 310 MIAMI FL 33131			DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 12/04/1996		
2. Principal P	flace of Business	2a. Mailing Address	· · · · · ·		4. FEI Number		pplied For
21		26 Suite, Apt. #, etc.			65-0732634		ot Applicable
Suite, Apt.	ਜ, ਚ ਹ ੁ	Suite, Api. W, etc.			5. Certificate of Status Desired		Additional equired
City & Stat		City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the cu		
4	g. Name and Address of Curren	29	30		Personal Property Tax due June 30. 10, Name and Address of New Registered		<u>No</u>
74		i nagistereo Agent	8	1 Name	10, Harre and Address of Herr Hegistered	Agent	
ZAMORA, GEORGE S ESO 3191 CORAL WAY			8	O CHARLAGE	dress (P.O. Box Number is Not Acceptable)		
THIRD FLOOR MIAMI FL 33145			•	Z Sireel Add	aress (P.O. box number is Not Acceptable)		
			8	3	·		· -
			8	4 City	FL	85 Zip	Code
-			or location	65 ,			
	Signature typed or printed name of registered agen	v and the diapplicable (NO)	E: Registered A		rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appuired when reinstating) DATE ADDITIONS/CHARGES TO DESCRESS AND		
12.	OFFICERS AND	of and little if applicable (NOT D DIRECTORS	E Registered A	gent algnature requ		D DIRECTOR	RS IN 12
12. TITLE	OFFICERS AND	v and the diapplicable (NO)	E Registered A 13. 1.1 TITLE	gent algnature requ	uired when reinstating) CATE		
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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 trustile dispowered 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.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

=ndo /4/

DELETE

4/25/98.

(305)358-0660

Change Addition

FILED

May 06 1998 8:00am

Secretary of State