PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P9600098456 (2)

SCOTT JAMES MARTIN, CPA, P.A.

Principal Place of Business	Mailing Address
5400 TANGERINE AVE. WINTER PARK FL 32782	5400 TANGERINE AVE.
WINTER PARK FL 32782	WINTER PARK FL 32782

FILED Jul 20 1998 8:00am Secretary of State



								DO NOT WRITE	N THIS SPACE	-
								3. Date Incorporated or Qualified		
								12/02/1996		
2. Principal P	Place of Busin	ness	2a. Mailing	j Address				4. FEI Number	L	Applied For
21			26					59-3420776		Not Applicable
Suite, Apt.	#, etc.		Suite, A	Apt. #, etc.				5. Certificate of Status Desired	\$8.	75 Additional
22			27					5. Certificate of Status Desired	F∈	e Required
City & Stat	te		City &	State				6. Election Campaign Financing	\$5	.00 May Be
23			28					Trust Fund Contribution		ded to Fees
Zip		Country	Zip		Count	lry		8. This corporation owes or has paid		
24		25	29		30	•		Personal Property Tax due June 3		No
1		and Address of Cur			1991——		-	10. Name and Address of New Regis		
MAR	RTIN, SCOT				8	11	Name			
	O TANGERII				L					
	TER PARK				8	2	Street Addre	ess (P.O. Box Number is Not Acceptable)		
AAHA	IER FARN	L 32/82								
					8	3				
					8	14	City		F1 85	Zip Code
44 5						ᆜ.			• •	
11. Pursuant office or	t to the provis regi ste red ac	sions of sections 607.0 nent, or both, in the St	502 and 607.1508, ate of Florida, Such	Florida Statutes n change was a	s, the abov	/e-n	amed corporation	ration submits this statement for the purpos on's board of directors. I hereby accept the	se of changing	its registered
agent. I	am f am lliar w	ith, and accept the ob	ligations of, section	n 607.0505, Flo	rida Statut	es.	ne corporatio	on's board or directors. Thereby accept the	appointment a	is registered
SIGNATURE	Claudia to d									
12.	Signature, typeu	or printed name of registered	AND DIRECTORS			l Age	ant signature requi		DATE	
TITLE	D	Urricens	AND DIRECTORS		13.		—т—	ADDITIONS/CHANGES TO OFFICE		
	MARTIN,	ecatt i	I	L_] DELETE	1.1 TITLE				Cha	nge L Addition
NAME					1.2 NAME	E				
STREET ADDRESS		IGERINE AVE.			1.3 STREI	ET A	DDRESS			
CITY-ST-ZIP	WINTER	PARK FL 32792			1.4 CITY-	ST-Z	<u>'</u> (P			
TITLE				DELETE	2.1 TITLE				Cha	nge Addition
NAME			•		2.2 NAME	Ξ			<u></u> 0/10/	ngo ruonion
STREET ADDRESS					2.3 STREE		nnpree			
CITY-ST-ZIP							1			
TITLE			<u>-</u>		2.4 CITY-		IP			
			l	DELETE	3.1 TITLE				L Chai	nge 🔲 Addition
NAME					3.2 NAME	=				
STREET ADDRESS					3.3 STREE	ET AI	DDRESS			
CITY-ST-ZIP					3.4 CITY-	ST-Z	iP	· ·	,	
TITLE				DELETE	4.1 TITLE				, hai	nge Addition
NAME			•		4.2 NAME				71,	
STREET ADDRESS					4.3 STREE	FT AI	DODESS			クル、
CITY-ST-ZIP					4.4 CITY-5					((d()
TITLE					5.1 TITLE	_	<u> </u>		-//	/
			L	DELETE			ļ		L Char	nge L_ Addition
NAME					5.2 NAME					
STREET ADDRESS					5.3 STREE	ET AE	XDRESS			
CITY-ST-ZIP			**		5.4 CITY-5	ST-Z	IP.			
TITLE				DELETE	6.1 TITLE				Char	nge Addition
NAME					6.2 NAME		İ	50000259 -07/21/980106	4125]
STREET ADDRESS	1				6.3 STREE	ET AC	DDRESS		5042	4)
CITY-ST-ZIP		/) ~			6.4 CITY-S			***150.80		-

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 suppliemental 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 sorporation or the occiver or trustep 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 altechment with an address.

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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

SIGNATURE:

PROFIT CORPORATION ANNUAL REPORT 1998 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				- Grande			
1. Corporation		096911 (7)					
Principal Place	e of Business	Mailing Address	·				
HTES WA 1008		8001 NW 29TH STREET					
MIAMI FL 33122	!	MIAMI FL 33122			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 11/13/1997		
	lace of Business	2a. Mailing Address			4. FEI Number Applied For Not Applied by Not Applied For Not Applied by Not Appli		
Suite, Apt.	# ptc	Suite, Apt. #, etc.			Not Applicable Society Not Applicable \$8.75 Additional		
22	ng water	27			5. Certificate of Status Desired Fee Required		
City & State	8	City & State			6. Election Campaign Financing \$5.00 May Be		
Zip	Country	28 Zip	Count	rv	Trust Fund Contribution Added to Fees		
24	25	29	30	'y	8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes No		
	9. Name and Address of Currer				10. Name and Address of New Registered Agent		
	CALVES, MARCELO		8	1 Name			
	NW 29TH STREET		8	2 Street	Address (P.O. Box Number is Not Acceptable)		
MINN	II FL 33122		8	3			
				4 City	■ 85 Zip Code		
				FL B5 Zip			
agent. I a SIGNATURE .	sm familiar with, and accept the oblig- signature, typed or printed name of registered age	ations of, section 607.0505, F	lorida Statut	es.	poration's board of directors. I hereby accept the appointment as registered were required when reinstailing) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTSD	DELETE	1.1 TITLE		GONCALVES, Adriana Change Addition		
NAME	GONCALVES, MARCELO		1.2 NAME		GONCALUES, Adriana Change Al Addition		
STREET ADDRESS	8001 NW 29TH STREET MIAMI FL 33122			ET ADORESS	6301 Collins Av. #1102 Winn Reach - FL-33141		
CITY-ST-ZIP TITLE	IMPAMI I C 03122	DELETE	1.4 CITY- 2.1 TITLE		Change Addition		
NAME			2.2 NAME	į	MARCELO GONCALIES		
STREET ADDRESS			2.3 STRE	ET ADDRESS	8001 Hw 29 St-Miami /2-3312		
CITY-ST-ZIP			2.4 CITY-				
TITLE NAME		L DELETE	3.1 TITLE 3.2 NAME		Change Addition		
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4 CITY-				
TITLE		DELETE	4.1 TITLE		Change Addition		
NAME			4.2 NAME		1/ 1/2 ×		
STREET ADDRESS				T ADDRESS	11) 400		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		Change Addition		
NAME		L.,	5.2 NAME		5.2.19		
STREET ADDRESS			5.3 STREE	ET ADDRESS			
CITY-ST-ZIP		 	5.4 CITY-				
TITLE	•	L DELETE	6.1 TITLE		SOUDDOSS44128 Addition		
NAME STREET ADDRESS	() ()		6.2 NAME	T ADDRESS	800002594128		
CITY-ST-ZIP	ř		6.4 CITY-		***150.00		
14. I hereby ce indicated o an officer o	n this annual report or supplemental	annual report is true and acci celver or trustee empowered	the exemption	n stated in	n section 119.07(3)(i), Florida Statutes, I further certify that the information ature shall have the same legal effect as if made under oath; that I am as required by Chapter 607, Florida Statutes; and that my name appears		

Goncahos 07-09-98 (305) 599-236