3-27-98 133838 C 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 # P96000100902 (1)

0.0.1	BUSINESS, INC.			
Principal Place	e of Business	Mailing Address		I (00XX000) (0) 1910 QIIII 08111 08111 0010 11011 08111 00XX 00XX
•	TH AVENUE #4	8045 NW 36TH STREET		
-MIAMI FL 991		CUITE-#525		
		MIAMI FL 83166		DO NOT WRITE IN THIS SPACE
		U\$		3. Date Incorporated or Qualified
				12/13/1996
	lace of Business	2a. Mailing Address 26. 8045 N.W.	3/M STREE	4. FEI Number Applied For
Suite, Apt.	5 N. TREASURE DEIVE	26 BOUS N.W. Suite, Apt. #, etc.	DO SINCE	- 44 MI 1944
	TE GN	SUITE NO.	. 525	Certificate of Status Desired Sa.75 Additional Fee Regulred
City & State		City & State		Election Campaign Financing \$5.00 May Be
23 N. BA	Y ULLLAGE LECT	28 MIAMI, F	LORIDA	Trust Fund Contribution Added to Fees
Zip 33	Country	Zp 33166 30	Country	8. This corporation owes or has paid the current year Intangible
24 22	14 / 25 USA	1-0	JUSA	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RAUL DE ALMEIDA ROCHA 81 Name Could				
	UL DE ALMEIDA ROCHA			KOCHA, ICHUC DE ACITICIDA
4816 N.W. 70TH AVENUE Suite 4			82 Street	Address (P.O. Box Number is Not Acceptable) 455 NORTH TREASURE DRIVE
MAMI FL 83166			83	
				SUITE ON - 85 Zio Code
			^ / /	CORTH BAY VILLAGE FL 85 Zip Code 33141
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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered				
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ROLHA, RAUL DE ALMEIDA 1/32/98				
SIGNATURE	Signature, typed or printed name of registered agent			required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE	Change Addition
NAME	RAUL DE ALMEIDA ROCHA		1.2 NAME	
STREET ADDRESS	1815 N.W. 79TH AVENUE #4		1.3 STREET ADDRESS	1455 N. TREASURE DR. #GN N. BAY VILLAGE, FL 33141
CITY-ST-ZIP	<u> ←MIAMI FL 3316</u> 6		1.4 CITY-ST-ZIP	N. BAY VILLAGE, FL 33141
TITLE	VTD	☐ DELE t e	21 TITLE	Change Addition
NAME	VIVIANE BRUSCH TRESPACH		2.2 NAME	
STREET ADDRESS	4815 N.W. 79TH AVENUE #4		2.3 STREET ADDRESS	1455 N. TREASURE DR. #UN
CITY-ST-ZIP	MIAMI FL 33166		2.4 CITY-ST-ZIP	N. BAY VILLAGE, FL. 33141
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP	Character of the Control of the Cont
TITLE		□ DELETE	4.1 TITLE	Change
NAME STREET ADDRESS			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change Addition
NAME		_, 5000.00	5.2 NAME	C Charles
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY+ST-ZIP	
ATTLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
4				

14. Thereby certify that the information supplied with this filling 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.

SIGNATURE:

CITY-ST-ZIP

G ROCHA, DAVE DE ACNEIDA 1/20/48 (305)866-9972

FILED

Mar 27 1998 8:00am

Secretary of State