## FILE NOW: FILING FEE AFTER M

CORPORATION ANNUAL REPORT

1998



Sandra B. M.

Secretary of c

DIVISION OF CORPORX

## **DOCUMENT** # P9700000590 (4)

TARGET III, INC.

Principal Place of Business Mailing Address 8353 NW 68 ST 8353 NW 68 ST MIAMI FL 33166 MIAM! FL 33166

## **FILED** Feb 09 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/03/1997 2. Principal Place of Business 2a. Mailing Address Wimber 07/673 Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MUNDO, JORGE 8353 NW 68 ST Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33166 83 84 Zip Cođe

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 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 ramiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent and title # applicable. (INOTE: Registered Agent signature required when reinstating)  DATE						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD L	DELETE	1.1 TITLE		☐ Change	Addition
NAME	MUNDO, JORGE		1,2 NAME			
STREET ADDRESS	8353 NW 68 ST		1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33166		1.4 CITY - ST - ZIP			
TITLE	VD	DELETE	2.1 TITLE		Change	Addition
NAME	CLERKE, WALTER G	i	2.2 NAME			
STREET ADDRESS	8353 NW 68 ST		2.3 STREET ADDRESS			,
CITY-ST-ZIP	MIAMI FL 33166		2. 4 CITY-ST-ZIP			
TITLE	Ľ	DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4. CITY-ST-ZIP			<u></u>
TITLE		DELETE .	4.1 TITLE	,	Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS		į	4,3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME (			5.2 NAME			
STREET ADDRESS	^		5.3 STREET ADDRESS			
CITY - ST - ŽIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	-	☐ Change	Addition
NAME		\	6.2 NAME			
STREET ADORESS	/.]	Ma\	6.3 STREET ADDRESS			ĺ
CITY-ST-ZIP	IMA N		6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this indicated on this annual report or supplemental annu officer or director of the corporation or the receiver of Block 12 or Block 13 if changed, or on an attachment

ify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legat effect as if made under oath; that I am an to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

··· !!RED

VV/98