FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

(1998		F.)	Secretary of Sta ON OL CORPO		ONS	Secretary of State
	MENT # Name ENTERPRISES		0003277	(5)			
Principal Place	A A Businese		Mailing Address				
2350 NW 11			2350 NW 11TH	AVE			
MIAMI FL 3			MIAMI FL 3312				
							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 01/07/1997
2. Principal P	lace of Business		2a, Mailing Addre	988			4. FEI Number Applied For
21			26				65-0623395 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #,	etc.			5. Certificate of Status Desired S8.75 Additional
22			27	·			Fee Required
City & State	0		City & State				8. Election Campaign Financing \$5.00 May Be
Zip		Country	7ip		untry		Trust Fund Contribution
24	25		29	30	ر <u>.</u>	,	8. This corporation owes or has paid the current year Intangable Personal Property Tax due June 30. Yes No
		Address of Curren			L		10. Name and Address of New Registered Agent
P.	ADRON, WILFR	EDO			81	Name	9
2:	350 NW 11TH					Street Address (P.O. Box Number is Not Acceptable)	
M	iiami FL 33127				83		·
					83		
					84	City	FL 85 Zip Code
11. Pursuant	to the provisions	of Sections 607 0502	2 and 607,1508, Florid	a Statutes, the a	J	l e-named	
office or re	egistered agent, i m familiar with lar	or both, in the State in accept the obliga-	of Florida, Such chang tions of Section 607 0	je was authorize 1505 - Florida Sta	ed by	y the corp	d corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered
SIGNATURE							
	Signature typed or pre	sed nana of regerered age				ent signature	re required whon re-installing) DATE
12.	PTSD	OFFICERS AND	DIRECTORS DEL	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	PADRON,	WII EDENO			inte iAMÉ		Change D Addition
STREET ADDRESS	2350 NW					ADDRESS	. [
CITY-ST-ZIP	MIAMI FL					ST - 7/P	
TITLE			DEL				Change Addition
NAME				2.21	IAME	}	
STREET ADDRESS				2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP		· ·				ST - ZIP	
TITLE			[] DEL	I			☐ Change ☐ Addition
NAME					IAME		
STREET ADORESS CITY-ST-ZIP						FADDRESS ST-Zip	
TITLE		7	DEL			SI-ZIP	Change Addition
NAME			_	1	NAME	1	
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP					HY-S	ST-ZIP	
TITLE			☐ DEL	ETE 5.1 T	ITLE		Change Addition
NAME				52 M			
STREET ADDRESS						ADDRESS	1
CITY-ST-ZIP			DEL			i ZIP	☐ Change ☐ Addition
TITLE NAME		_	₩ DEC	6.1 T 6.2 M			
NAME STREET ADDRESS	. /		 .			I VUUBEGG	

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 path; 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:

Continuous C

FILED

May 18 1998 8:00am