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

FILED Apr 15 1998 8:00am Secretary of State

SOUTH Principal Place	ROAD, STE. 128	Mailing Address 1521 ALTON ROAD, STE. MIAMI BEACH FL 33139	128	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
	lace of Business	2a. Mailing Address		01/10/1997 4. FEI Number Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6 5-0745089 Not Applicable 5. Certificate of Status Desired \$8.75 Additional
City & State	9	Cily & State		Fee Required 6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Current		30	Personal Property Tax due June 30. Yes No
SA	KON, MARTIN S		81 Name	
	NW 12 AVE.		82 Street	Address (P.O. Box Number is Not Acceptable)
MIM	MI FL 33136		83	
			84 City	FL 85 Zip Code
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State on tamiliar with, and accept the obligation.	of Florida. Such change was a tions of, Section 607.05 05, Flo	uthorized by the cor rida Statutes.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
12.	Signature, typed or printed name of registerind agen OFFICERS AND		: Registered Agent signature	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Ď	☐ DELETE	1.1 TITLE	PRUSIDENT, DIRECTOR Change Addition
NAME	STOUT, ALLEN L 1521 ALTON ROAD, STE. 128		1.2 NAME	
STREET ADORESS CITY-ST-ZIP	MIAMI BEACH FL 33139		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE	D	DELETE	2.1 TITLE	Change Addition
NAME	UMPIERRES, ARACELY P	,	2.2 NAME	
STREET ADDRESS CITY-ST-ZIP	420 E 59 ST. HIALEAH FL		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP	
TITLE	THECONTE	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRESS	
CITY-ST-ZIP		T DC/FTE	3.4. CITY-ST-ZIP	Observe T Addition
TITLE		☐ DELETE	4.1 TITLE 4.2 NAME	LJ Change 🔲 Addition
STREET ADDRESS			4.2 NAME 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-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME		beer 10	6.2 NAME	Change Auditori
STREET ADDRESS	•		6.3 STREET ADDRESS	
CITY-S1-ZIP			6.4 CITY - ST - ZIP	
indicated a	on this annual report or supplemental.	annual topod is true and accu	irate and that my eig	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information in ture shall have the same legal effect as if made under oath; that I am an exequired by Chapter 607, Florida Statutes; and that my name appears in Syperstructures.
SIGNATI	IRF: (Ollem	L. Stant	Presi	DENT 4-6-98