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 # P9700006861 (3)

Principal Place (504 FAHEY CO ORLANDO FL S	RT 824			DO NOT WRITE IN THIS SPACE						
2. Principal Plac	on of Business	2a, Mailing Address			3. Date Incorporated or Qualified 01/23/1997 4. FEI Number Applied For					
21 Finicipal Flac	C# OF Business	26			4. 1 61 140/11/	<u>"51-3</u>	430		ot Applicabl	
Suite, Apt. #,	etc.	Suita, Apt. #, etc.			5. Certificate	e of Status Desired			Additional equired	
City & State		Oty & State 28					Dampaign Financing d Contribution	³ □	\$5.00 Added 1	May Be to Fees
Zip 24],	Country 25	Zip Cour 29 30				Personal	poration owes or has paid the current year Intangible Il Property Tax due June 30.			
1	9. Name and Address of Cu	rrent Registered Agent		81	Name	10. Name an	d Address of New	Registered	Agent	
AMERILAWYER CHARTERED 343 ALMERIA AVENUE - CORAL GABLES FL 33134				62 83		ZILA FERREIRA Address (P.O. Box Number is Not Acceptable) 504 FAMEY CORF				
•				84	City	2.Ase	<u> </u>	FI	85 Zip (Code S & 2 4
office or reg	the provisions of Sections 607. distered agent, or both, in the Stamiliar with, and accept the of	tate of Florida. Such change:	was authorize	d by	the corpor	orporation submits ration's board of di	this statement for the rectors. I hereby ac	copt the ap	pointment as	registered
SIGNATURE SI	onature typed or greated name of registeres		(NOIL Registere	o Age	ni signature rec	quired when reinstaling)		DATE	28 -98	
12.		AND DIRECTORS	13.			ADDITION	S/CHANGES TO OF	FICERS AN		
TITLE	PSTD	☐ DELET							Change	Additio
NAME	FERREIRA, ZILA		121							
STREET ADDRESS	504 FAHEY COURT			TREF1	ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32824			4 CITY - ST - ZIP		<u></u> -				
TITLE				1 TITLE					☐ Change	Additio
NAME			2.2 N							
STREET ADDRESS			2.3 STREET ADDRESS							
			2. 4 CITY - ST - ZIP							
TITLE		☐ DELET	•						Change	Additio
MAME			2 2 N	ALIE	l l					

6.4 CITY-ST-ZIP

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 fusice 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 or attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY-S1-ZIP

44 CITY-ST-ZIP

3 4. CITY - ST - 7IP

4 1 31TLF

4. 2 NAME

5.1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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Jun 04 1998 8:00am

Secretary of State