## 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 24 1998 8:00am Secretary of State

| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   S. Certificate of Status Desired   Fee Required City & State  | For plicable onal d Be es ble |
|--|-------------------------------|
| MIAMI FL 33143    MIAMI FL 33143   Substitution   S   | onal<br>onal<br>d<br>Be<br>es |
| 2. Principal Place of Business 2. 2a. Milling Address 3. Date Incorporation or Qualified O1/28/1997 2. Principal Place of Business 2. 2a. Milling Address 3. Date Incorporation of Qualified O1/28/1997 3. Date Incorporation of Qualified O1/28/1997 4. Et Nov. D7 2 48 6   | onal<br>onal<br>d<br>Be<br>es |
| 2. Principal Place of Business 2s. Mailing Address 4. El Name  | onal<br>onal<br>d<br>Be<br>es |
| 2. Principal Place of Business 2. Multing Address 2. Multing Address 2. Solle, Apt. #, etc. 2. Solle, Apt. #, etc. 3. Solle, Apt. #, etc. 4. Solle, Apt. #, etc.   | onal<br>onal<br>d<br>Be<br>es |
| Suite, Apt. W, etc.  Suite, Apt. W, etc. M, etc. W, etc. W, etc. W, etc. W, etc. W, etc. W, e   | onal<br>onal<br>d<br>Be<br>es |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Status  | onal<br>d<br>Be<br>es         |
| City & State  City & State  City & State  22   28   29   30   Trust Fund Contribution   Added to Fe  Zip   Country   Zip   Country   Zip   Country   8. This corporation owes or has paid the current year Intangle Personal Property Tax due June 30.   Xi yes   Ne  9, Name and Address of Current Registered Agent   10, Name and Address of New Registered Agent   Name  8560 8W 83RD ST.  MIAMI FL 33143   83   Name  10, Name and Address of New Registered Agent   10, Name and Address of New Registered Agent   Name  82   Street Address (P.O. Box Number is Not Acceptable)  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 Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, are both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, are both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, are both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, are both, in the State of Florida Statutes.  SIGNATURE  12. OF FIGERS AND DIRECTORS IN  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 118 ET NAME  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 118 ET NAME  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 118 ET NAME  27. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 118 ET NAME  28. TREET ADDRESS  14. CITY - ST - Zip  111 ET DPS  112  | Be<br>es<br>ole               |
| 28   Trust Fund Contribution   Added to Rezign     | e <b>s</b><br>ole             |
| Zip Country Zip Country 2g   Sip   S   | ole                           |
| 25 29 30 Personal Property Tax due Jume 30. Yes No. Name and Address of Current Registered Agent  GOMEZ, JOAQUIN R 8560 \$W 83RD \$T. MIAMI FL 33143  83  84 City FL 85 Zip Code  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 Statutes, the above-named corporations board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607 0505, florida Statutes.  SIGNATURE  Signature, typed or peased name of registered lagent institute of Florida Statutes and agent ag |                               |
| SOMEZ, JOAQUIN R 8560 SW 83RD ST. MIAMI FL 33143  10. Name and Address of New Registered Agent  87   |                               |
| 8560 \$W 83RD \$T.  MIAMI FL 33143  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip Cook  84 City   FL   85 Zip Cook  85 Zip Cook  86 City   FL   86 Zip Cook  87 Zip Cook  88 Zip Cook  89 Zip Cook  89 Zip Cook  80 Zip Cook  80 Zip Cook  80 Zip Cook  81 Zip Cook  82 Zip Cook  83 Zip Cook  84 City   FL   85 Zip Cook  85 Zip Cook  86 Zip Cook  87 Zip Cook  88 Zip Cook  89 Zip Cook  89 Zip Cook  89 Zip Cook  89 Zip Cook  80 Zip  |                               |
| MIAMI FL 33143  83  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 registagent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  DPS  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  DPS  GOMEZ, JOAQUIN R  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  MIAMI FL 33143  14 City  FL   85   Zip Code  NOTE registered Agent signature required when reinstating)  DATE  (NOTE Registered Agent signature required when reinstating)  DATE  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  DPS  GOMEZ, JOAQUIN R  12. NAME  STREET ADDRESS  GITY-ST-ZIP  MIAMI FL 33143  14 City  FL   85   Zip Code  (NOTE Registered Agent signature required when reinstating)  DATE  Change  |                               |
| 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 regorder 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, and accept the obligations of Section 607 0505. Florida Statutes.    Signature   |                               |
| 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 than a company to the obligations of Section 607 0505. Florida Statutes.  SIGNATURE  Signature, typed or pention name of registered agent with their epidically.  OFFICE BS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME  STREET ADDRESS  GOMEZ, JOAQUIN R  STREET ADDRESS  GTY-ST-ZIP  TITLE  DELETE  1.1 TITLE  DELETE  2.1 TITLE  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  Change  Change  Change  |                               |
| 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 reportion of the corporation of the    |                               |
| 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 recording or posts, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as reginagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  DELETE  1.1 TITLE  DPS  GOMEZ, JOAQUIN R  STREET ADDRESS  CITY-ST-ZIP  TITLE  MIAMI FL 33143  DELETE  DELETE  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DELETE  Change  Change  Change  Change   |                               |
| 12. OFFICERS AND DIRECTORS  TITLE  DPS GOMEZ, JOAQUIN R  STREET ADDRESS GITY-ST-ZIP  TITLE  NAME  STREET ADDRESS GITY-ST-ZIP  TITLE  NAME  STREET ADDRESS GITY-ST-ZIP  TITLE  DELETE  DELETE  21 TITLE  22 NAME  22 NAME  23 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  DELETE  DELETE  Change  Change  Change  | stered<br>lered               |
| NAME   GOMEZ, JOAQUIN R   1.2 NAME   1.3 STREET ADDRESS     | 12                            |
| STREET ADDRESS   8560 SW 83RD ST.   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   | Addition                      |
| CHY-ST-ZIP   MIAMI FL 33143   1.4 CHY-ST-ZIP     TITLE   | ,                             |
| TITLE         DELETE         21 TITLE         Change         Change           NAME         22 NAME           STREET ADDRESS         23 STREET ADDRESS           CITY-ST-ZIP         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE   |                               |
| NAME   | 4.4400                        |
| STREET ADDRESS         2.3 STREFT ADDRESS           CITY-ST-ZIP         2.4 CITY-ST-ZIP           TITLE         DELEFE           3.1 TITLE         Change  | Addition                      |
| CITY-ST-ZIP         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE         Change  | }                             |
| TITLE DELETE 3.1 TITLE Change  |                               |
|  | Addition                      |
| NAME 3.2 NAME.   |                               |
| STREET ADDRESS 3.3 STREET ADDRESS  |                               |
| CITY-ST-ZIP 3.4 CITY-ST-ZIP  |                               |
| TITLE DELETE 4.1 TITLE Change  | Addition                      |
| NAME 4 2 NAME  | 1                             |
| STREET ADDRESS 43 STREET ADDRESS   |                               |
| CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE   | Addition                      |
| NAME 5.2 NAME  |                               |
| STREET ADDRESS 5.3 STREET ADDRESS  |                               |
| CITY-ST-ZIP 5.4 CITY-S1-ZIP  |                               |
|  | Addition                      |
| NAME 62 NAME   |                               |
| STREET ADDRESS 63 STREET ADDRESS   |                               |
| CITY-ST-ZIP  64 CITY-ST-ZIP  16.   hereby 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 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 supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.  |                               |

indicated on this annual report or supplemental annual report is frue 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