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

PROFIT _____ CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	1998			y of State ORPORATIONS	Secretary of State
1. Corporali	MENT # P9700			ING,	
					i.
	ce of Business	Mailing Add	dress		
7611	V.W. 89TH AVENUE	•	MME		
PLAN	TATION, FL 3333	14-6111			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
				_	TANUARY 28,1997
	Place of Business	28. Mading Address			4. FEI Number Applied For
21		26			59-31/2/679 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired
City & Sta	ite	City & S	State		6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Ζιρ	Country	Zip		Country	This corporation owes or has paid the current year Intangible
24	25 BROWYRD	29		30	Personal Property Tax due June 30. 🔲 Yes 😘 No
	9. Name and Address of Curre	nt Registered Ag	ent	B1 Name	10. Name and Address of New Registered Agent
BA	VAN C BUSTAN	フベルフき		B1 Name	
70	1 N.W. 8974 A	VENUE.	;	B2 Street	Address (P.O. Box Number is Not Acceptable)
/ -		. 02204		B3	
P	KANTATION, FL	30007	-0///		
				B4 City	FI 85 Zip Code
11. Pursuani	to the provisions of Sections 607 050	02 and 607.1508,	Florida Statute	s, the above-named	corporation submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the State am familiar with, and accept the oblic	of Florida, Such o	change was au	Uhorized by the cor	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE		,			
	Stgnature typed or printed name of registered ag		INOIL		e required when reinstating) DATE
12.		ID DIRECTORS	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	BAIAN C. BUSTAMA		E) Dereie	1.1 TITLE 1.2 NAME	PRESIDENT/SECRETIREY Change Maddition BNNE BUSTAMBNIE
STREET ADDRESS	and the same	VEN4E		1.3 STREET ADDRESS	761 N.W. 89TH AVENUE
CITY-ST-ZIP	PLANTATION, FL.			1.4 CITY-ST-ZIP	PLANTATION, FX 33324-6111
TITLE			DELETE	2.1 1ITLE	☐ Change ☐ Addition
NAME	* -			2.2 NAME	
STREET ADDRESS	{· ·			2.3 STREET ADDRESS	
CITY-ST-ZIP				2. 4 CITY-ST-ZIP	
TITLE	ŧ		DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
TITLE			DELETE	3.4 CITY-S1-ZIP 4.1 TITLE	Change Addition
NAME		•	Occil	4.7 NAME	the change in Adoltion
STREET ADDRESS				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		· 		5.4 CITY-ST-ZIP	<u>ennonatazete</u> l
TITLE			DELETE	6.1 TITLE	-05/18/9801135018 Page 1 (Addition
NAME		1		6.2 NAME	***150.00
STREET ADDRESS					
CITY-ST-ZIP		- 1		63 STREET ADDRESS	1 4/1

14. Thereby 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 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.

SIGNATURE

Orne Bustamante

4/39/98

(954) 452-9292

FILED

May 15 1998 8:00am

2F034 (10/97)