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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT

FILED Mar 18 1998 8:00am Secretary of State

	A OF MIAMI, INC.	JUU 1209	3 (2)						
Principal Plac	e of Business	Mailing Addres	is) TO BETTE BETTE STATE OF THE S	BY 19450 MAIN BLIFE	
3805 NW 7TH ST 3805 NW 7TH ST									
MIAMI FL 33144 MIAMI FL 33144							DO NOT WRITE IN THIS SPACE		
							3. Date incorporated or Qualified	IS SPACE	
							02/06/1997		
2. Principal P	lace of Business	2a. Mailing Add	dress				4. FEI Number	A	pplied For
21		26					65-0726994	N	lot Applicable
Suite, Apt.	₩, etc.	<u> </u>	Suite, Apt #, etc.				5. Certificate of Status Desired		Additional
City & State		City & State							lequired
—₁ ·	e	├	•				6. Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	28 Zip		ountr			8. This corporation owes or has paid the	· · · · · · · · · · · · · · · · · · ·	
24	25	29	30		,		Personal Property Tax due June 30.		∏ No
<u></u>	9. Name and Address of Currel			7			10. Name and Address of New Registers		
M	IONTALVAN, GABRIEL			81	Name				
3	805 NW 7TH ST			82	Street	Addre	ss (P.O. Box Number is Not Acceptable)		
M	IIAMI FL 33144				<u> </u>			···	
				83					
				84	City			85 Zip	Code
				ļ	1		F		
SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or pulled name of ingestered agr						ration submits this statement for the purpose in's board of directors. I hereby accept the a when reinstating).		registered
12.		D DIRECTORS	11				ADDITIONS/CHANGES TO OFFICERS A	ND DIBECTO	RS IN 12
TITLE	PSD		DELETE 1.	TITLE		PS	ا ا ا	∠ Change	Addition
NAME	MONTALVAN, GABRIEL		1.	NAME		M	on talvan, Gaberel		
STREET ADDRESS	1046 SW 67 AVE		1.	STREET	T ADDRESS	38	05 NW 7st		
CITY-ST-ZIP	MIAMI FL 33144	·		CITY-	ST-ZIP		AMI 1F1, 33126		
TITLE	VTD	L	1	TITLE		V	TD	Change	Addition
NAME	MONTALVAN, MARCELO		4	2 NAME		m	ontalvau, Marcelo 7 NW 106 Ave circle		
STREET ADDRESS	1046 SW 67AVE		1		ADDRESS	96	AMI, F/ 33172		
CITY-ST-ZIP	MIAMI FL 33144			4 CITY-	ST-ZIP	M	MMI, EI, 3317E	Change	Addition
TITLE			I -	NAME		1		C CHAINGE	
NAME STREET ADDRESS					ADDRESS	ĺ			
CITY-ST-ZIP				. CITY-					
TITLE] []		TITLE	01-211	 		Change	Addition
NAME				2 NAME	'	1		_ •	
STREET ADDRESS					ADDRESS	}			
CITY-ST-ZIP				CITY-		}			
TITLE			DELETE 5.	TITLE				Change	Addition
NAME			5.2	NAME	i				
STREET ADDRESS			5.3	STREET	ADDRESS)			
CITY-ST-ZIP	!			CITY-5	ST - ZIP	ļ			
TITLE			DELETE 6.º	TITLE				☐ Change	Addition
NAME)			6.1	NAME	i				
STREET ADDRESS			6.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S		L			1-8
14. I nereby 0	certify that the information supplied w	nn triis tiling doos no al annual report is tru	t quality for the c	end th	oia ve sie	natura	ection 119.07(3)(i), Florida Statutes. I further shall have the same legal effect as if made	certify that the	intormation

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 a 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 dy an attachment with an address.

GNATURE:

3-13-93

SIGNATURE: X

3-13-98