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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENTADE STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

[] 1.	Corporation G.M.C.			P9700 E, CORP.	001	2698	(1)								
Principal Place of Business Mailing Address											1 individui via (i	#11 1 60 11 40 111 04 111	4011) 4818 1 II		7888 18H 1881
						14875 N.W. 77TH AVENUE				}					
	sufte 208 Miami Fl 33	014	n 4.			SUITE 206 Miami FL 33014				DO NOT WRITE IN THIS SPACE					
											3. Date Incorpora	ted or Qualified			
											02/06/199	7			
	Principal P	Principal Place of Business			n	26. Mailing Address					4. FEI Number	17991		h	pplied For
21	Suite. Apt.	Suite, Apt. #, étc.			26	Suite, Apt. #, etc.					65-01	* 			lot Applicable Additional
22					27					5. Certificate of Si	atus Desired			dequired	
1	City & State				City & State					6. Election Campa	aign Financing		\$5.00	May Be	
23					28						Trust Fund Cor	tribution		Added	to Fees
<u> </u>	Zip			Country	F1	z ip	-	_	intry		8. This corporatio	-			nangible No
24		a N	25 ame an	d Address of Curre	29 nt Realste	red Agent	30	ـــــــــــــــــــــــــــــــــــ	· · · · · · · · · · · · · · · · · · ·		10 Name and Add	rty Tax due Jun			A NO
	CA	LA GL							81 Name		2000	$C \cdot I$			
			N.W. 77TH AVENUE						82 Street	Addre	ss (P.O. Box Number	is Not Accente	eble)		
		HTE 20							14	187	WW Z	777	<u>Ve</u>		
	M	ami fl	33014						⁸³ 🚫	\sim	le 206	_			
ĺ		E X							84 City		<u> </u>			85 Zip	Code /
	Pursuant	to iha or	ovisions	of Spelions 607 056	12 and 607	1508 Florid	a Statutes	the a	bove-named		ration submits this st	element for the	DUITDOSA C	of changing i	its registered
 Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statut office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with and accept the obligations of, Section 607.0505. Fit 									d by the cor	poratio	n's board of director	s. I hereby acce	ept the ap	pointment as	s registered
agent Fam familiar with and accept the obligations of, Section 607 0505, Florida SIGNATURE X								ia chai	mes.				zl:	wkx	
اد	GIVATURE	Signature.	typed or p	unted name of regulated ap			(NOTE R	egistero	d Agent signature	е гедитес	when reinstating)		DÁŢ.	710	
12				OFFICERS AN	ID DIRECT	ORS ; DEL	6.16	13.	T. F.	G	ADDITIONS/CH/			D DIRECTOI Change	RS IN 12 Addition
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.7(3)(i). 19.3

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.7(3)(i). 19.3

15. The first supplied with this filing does not qualify for the exemption stated in Section 19.7(3)(i). 19.3

16. The first supplied with this filing does not qualify for the exemption stated in Section 19.7(3)(i). 19.3

17. The first supplied with this filing does not qualify for the exemption stated in Section 19.7(3)(ii). 19.3

17. The first supplied with this filing does not qualify for the exemption stated in Section 19.7(3)(ii). 19.3

18. The first supplied with this filing does not qualify for the exemption stated in Section 19.7(3)(ii). 19.3

19. The first supplied with this filing does not qualify for the exemption stated in Section 19.7(3)(ii). 19.7(3)(ii). 19.7(3)(iii). 19.7(3)(iiii). 19.7(3)(iii). 19.7(3)(iii). 19.7(3)(iiii).

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FILED

Jun 30 1998 8:00am

Secretary of State