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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000019579 (6)

1115 TERRACE CORP.

Principal Plac	ce of Business	Mailing Address	Mailing Address			a inderedde sig intil tadet datir dûtir talan tridin salat ditil daalê fûst tûûr	
2145 NE 122ND 8T NORTH MIAMI FL 33181		2145 NE 122ND ST NORTH MIAMI FL 3318					
		NORTH MIAMI PL 33101				DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						02/26/1997	
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For	
21 Subs And # 212		26				66-0798/5/ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired See Regulred	
City & Sta	te	City & State				· · · · · · · · · · · · · · · · · · ·	
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	7(p)	Co	ountry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent	
DIF	ROBERTO, GIRARD			81	Name		
2145 NE 122ND ST				82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
	ORTH MIAMI FL 33181				Latterna		
				83			
•				84	City	■■ 85 Zip Code	
				"	City	FL 65 Zip Code	
SIGNATURE	am familiar with, and accept the oblin	georgied title if applicable (N	Kiif - Register	red Ago		uired whon reinstaling) DATE ADDITION COLUMN CERTO OF FORES AND DIRECTORS IN 10	
12.		ND DIRECTORS DELETE	13	TITLE	·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	DPS DIROBERTO, GIRARD	C) Steere		NAME	1	Change Addition	
STREET ADDRESS	2145 NE 122ND ST		R		ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33181		1	CITY-S			
TITLE	NOMIN MIAMITE 33101	☐ DELETE		TITLE	11 - ZIP	Change Addition	
NAME	1			NAME			
STREET ADDRESS					ADDRESS	•	
CITY-ST-ZIP				CITY-5			
TITLE		DELETE		TITLE		Change Addition	
NAME			3.2	NAME	ľ		
STREET ADDRESS			3.3	STREET	ADDRESS		
CITY-ST-ZIP		- <u></u>	3.4.	CITY - S	6T - ZIP		
TITLE		☐ DELETE	4.1	TITLE		Change Addition	
NAME			4.2	NAME			
STREET ADDRESS			4.3	STREET	ADDRESS		
CITY-ST-ZIP				CITY-S	T-ZIP		
TITLE		☐ DELETE	51	TITLE		☐ Change ☐ Addition	
NAME			5.2	NAME	1		
STREET ADDRESS	[5.3	STREET	ADDRESS		
CITY-ST-ZIP				CITY-S	T-ZIP		
TITLE		DELETE		TITLE	1	Change Addition	
NAME	i		6.2	NAME	}		
STREET ADDRESS			6.3	STREET	ADDRESS		
CITY . QT. 7ID	I		1	DITY P	T 710		

SIGNATURE.

4/27/98

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 logal 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 it changed an or an attachment with an address. 205 992.6005

FILED

May 14 1998 8:00am

Secretary of State