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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

	MENT # P9700 INIUM GLOBAL RESOURC)		1818 XANG BIYAL ARINI RIJI 1881
Principal Place of Business Mailing Address				ר שוופסי גוונטט זוונטט ווופסט וופסטו ונוטו אווטן מווי זמטוומצוו וויי	1010 TABAN DAANI 10101 BARA 1001
1545 EUCLID AVENUE 1545 EUCLID AVENUE					
APT 2-F APT 2-F			•	DO NOT WRITE IN THI	S SPACE
MIAMI BEACH	F PL 33139	MIAMI BEACH FL 3313	8	3. Date Incorporated or Qualified	3 or Not
				03/12/1997	
2. Principal P	lace of Business	2a. Mailing Address	<u>~~</u>	4. FEI Number	Applied For
21 26 Suite, Apt #, etc Suite, Apt				65-0734870	Not Applicable
Suite, Apt	#, otc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State		E Floring Compaign Financing	\$5.00 May Be
23		[28]		6. Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	······································
24	25	29	30	Personal Property Tax due June 30.	☐ Yes 🔼 No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
	NZALEZ, CLAUDIO A		81 Name		
1545 EUCLID AVENUE			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
APT 2-F			83		
MU	AMI BEACH FL 33139				
			84 City	F	85 Zip Code
11 Purguant	to the provisions of Sections 607.05	02 and 607 1508. Florida Stat	utes the above-named o	orporation submits this statement for the purpose oration's board of directors. I hereby accept the a	of changing its registered
12.		HOLD DIRECTORS DELETE	OT[* Higistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
TITLE NAME	D Gonzalez, Claudio A	□ ntrest	1.1 TITLE 1.2 NAME		Cusufe C vocinon
STREET ADDRESS	1545 EUCLID AVENUE, APT	2.F	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139	• 1	1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	•	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELFTE	3.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME			4 2 NAME		
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		Doctor	5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	6.1 TITLE		TO DESCRIBE TO MODITION
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
			6.3 STREET ADDRESS		
CITY-ST-ZIP			0 4 OH 1-91-71F	· · · · · · · · · · · · · · · · · · ·	

I nereby cernly that the mornianon supplied with his limit indicated on this annual report or supplemental annual repo-officer or director of the corporation or the receiver or trustor Block 12 or Block 13 if changed, so or \$1 attachment with

SIGNATURE:

FILED

Mar 16 1998 8:00am

Secretary of State