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

PROFIT CORPORATION ANNUAL REPORT

1998 '



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED

Aug 13 1998 8:00am

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000022716 (9)

Principal Place 7831 NW 11TH PLANTATION 9	H STREET	Mailing Address 7931 NW 11TH STREET PLANTATION FL 33324	, upo	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
2 Principal Pi	ace of Business	2a. Mailing Address	L. 17	03/12/1997 4. FEI Number Applied For
21	_	26		65-0752840 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State	,	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 333	25 Name and Address of	29 55322 Current Registered Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
CORAL GABLES FL 33134 84 City				CANGRIJON FL 85 Zip Code 3333322
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of section 607.0505, Florida Statutes. SIGNATURE Signature, tyried is prairied name of registered agent and plus it applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS IN 12				
TITLE	PSTD	☐ DELETE	1.1 TITLE	Change Addition
NAME	BINI, JENNIFER	I TENDA AE	1.2 NAME	0022 414 11 151805
STREET ADDRESS	369 NORTHWEST 87TH PLANTATION FL 33324		1.3 STREET ADDRESS	PLANTATION, FL 33322-
CHY-ST-ZIP	1 DATAMON 1 L GOOZA	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	s
CITY-ST-ZIP		T DELETE	2.4 CITY-ST-ZIP	A
TITLE NAME		☐ DELETE	3.1 TITLE 3.2 NAME	Change Addition
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-\$1-ZIP			3.4. CITY- ST- ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	i
CHY-ST-ZIP		Printe	4.4 CITY-ST-ZIP	The same of the sa
TITLE		DELETE	5.1 TITLE	Change Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS	
DITY-ST-ZIP			5.4 CITY-ST-ZIP	
TILE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
14. I hereby 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.				