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PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000025838 (8) DOCUMENT # 1. Corporation Name

FILED May 13 1998 8:00am Secretary of State

2. Principal Place of Business 2a. Mailing Address 4. FEI Numb 25 Sulte, Apt. #, etc. 27 City & State City & State 28 City & State 29 20 Country 25 29 30 Country 3. This corp Personal I 9. Name and Address of Current Registered Agent MENCIA, JAIME 711 NW 12 AVE DANIA FL 33004 10. Name and 82 Street Address (P.O. Box No. Bayen). I am familiar with, and accept the obligations of. Section 607 0505, Florida Statutes, the above-named corporation submits of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direction of State of Florida. Such change was authorized by the corporation's board of direction of State of Florida Statutes. SIGNATURE Signature typod or printed frame of registered agent, and tike flags@calid tike flags@calid. (NOIL: Registered Agent signature required when reinstating)	Applied For Not Applicable of Status Desired \$8.75 Additional Fee Required Impaign Financing \$5.00 May Be Added to Fees ation owes or has paid the current year Intangible operty Tax due June 30. Yes No Address of New Registered Agent
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T11 NW 12 AVE DANIA FL 33004 82 Street Address (P.O. Box No. 183) 84 City 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation submits of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of direction of the obligations of Section 607 0505, Florida Statutes. SIGNATURE Signature typed or immediate of region red agree and the flag elevation. (NOTE: Registered Agent signature required when reinstating). 12. OFFICERS AND DIRECTORS 13. ADDITIONS TITLE NAME STREET ADDRESS CITY-ST-ZIP DANIA FL 33004 14 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 31 TITLE V NAME STREET ADDRESS CITY-ST-ZIP DELETE 31 TITLE AMME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE AMME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE AMME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE AMME STREET ADDRESS CITY-ST-ZIP	nber is Not Acceptable)
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CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)	Change Addition

officer or director of the comprehensial 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 comprehensian or the acceiver 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, or on an attachment with an address.