## 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 DIVISION OF CORPORATIONS

DOCUMENT # P97000027845 (1)

61 EDGEWATER DRIVE, INC.

Principal Place of Business	Mailing Address		
737 VALENCIA AVE.	737 VALENCIA AVE.		
CORAL GABLES FL 33134	CORAL GABLES FL 33134		

**FILED** May 06 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address		s seeliffit (se lusin sunn anns annt fhin Afrit s	<u> </u>	
737 VALENCIA AVE.		737 VALENCIA AVE.				
CORAL GABLES FL 33134		CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	3 SPACE	
				03/26/1997		
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For	
21			ia Au. Apr. D	45-0749149	Not Applicable	
Suite, Apt.	#, etc.	Suito, Apl. #, etc.	,,,,		\$8.75 Additional	
22		27 C/O FRINAN	do Menogo	5. Certificate of Status Desired	Fee Required	
City & State	9	City & State	, 4,	6. Election Campaign Financing	\$5.00 May Be	
23		28 Coral Gab	les th	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible	
24	25		30	Personal Property Tax due June 30.	Yes No	
	Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent	
	ISER & ALLISON, P.A.		81 Name			
ON	ONE SE THIRD AVE. STE 1860			82 Street Address (P.O. Box Number is Not Acceptable)		
MIA	MIAMI FL 33131					
			83			
			84 City		85 Zip Code	
				F	L   50   24p 5500	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing its registered	
agent. I a	egistered agent, or both, in the state t im familiar with, and accept the obliga	ions of, Section 607.0505, Flori	nnorized by the corporat⊩ ida Statutes.	on's board of directors, I hereby accept the ap	opointment as registered	
SIGNATURE						
Olditalone	Signature, typed or printed name of registered agen		Registored Agent signature require	ed when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AI		
TITLE	D	DELETE	1.1 TITLE		Change Addition	
NAME	BEDA, RONNY		1.2 NAME			
STREET ADDRESS	737 VALENCIA AVE.		1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	21 TITLE		Change Addition	
NAME	MENOYO, FERNANDO E		2 2 NAME		•	
STREET ADDRESS	737 VALENCIA AVE.		2 3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134		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			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE		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			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	<u> </u>		6.4 CITY - ST - ZIP			
14. I hereby o	certify that the information supplied will on this annual month or supplemental	h this filing does not qualify for annual repolit is true and record	the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further a shall baye the same legal affect as it made it	certify that the information	
officer or	director of the corporation or the recei	ver or truster empowered youex	ecyle this report as requ	e shall have the same legal effect as if made the same legal effect as if made the same statutes; and the same statutes and the same statutes.	I my name appears in	

officer or director of the Block 12 or Block 13 (