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 # P97000028669 (4)

ALVAREZ & GARCIA, P.A.

FILED Jan 16 1998 8:00am Secretary of State

Dringing Disc	o of Puvings	Mailing Address				
1						
6641-A S DIXIE HWY 6641-A S DIXIE H MIAMI FL 33143 MIAMI FL 33143		6641-A S DIXIE HWY Miami FL 33143	1	DO NOT WRITE IN THIS SPACE		
					3. Date incorporated or Qualified 03/27/1997	
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 65-074518	Applied For Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Feo Required
City & State	City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζ (ρ)	Country 30	y	 This corporation owes or has paid the Personal Property Tax due June 30. 	Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registe	red Agent
GARCIA, MARIO K			81	Name		
6641-A S DIXIE HWY MIAMI FL 33143			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
1112	((i) L 00110		83			
<u> </u>			84	City		85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida Statule	os, the abov	L e-named cor	rporation submits this statement for the purpor	se of changing its registered
office or r agent. I a	egistered agent, or both, in the Stati m familiar with, and accept the oblig	e of Florida. Such change was a pations of, Section 607.0505, Flo	authorized b orida Statute	y the corpora s.	ation's board of directors. I hereby accept the	appointment as registered
SIGNATURE.					uirod when reinstating) DA	
12.	Signature, typod or printed name of registered as CREICERS AN	ID DIRECTORS	13.	or signature requ	ADDITIONS/CHANGES TO OFFICERS	
TITLE			1.1 TITLE		7,001110107017111010110110110110110110	Change Addition
NAME			1.2 NAME	1		
STREET ADDRESS	14550 SW 166 TER			T ADDRESS		
CHY-ST-ZIP	1012411 51 44355		1.4 CITY-			
TITLE	D	DELETE 2.1		31-211		Change Addition
NAME	ALVAREZ, JACQUELINE R	-				
STREET ADDRESS	44554 6144 444 5000			T ADDRESS		
CITY-ST-ZIP	**************************************		2. 4 GITY-			
TITLE	Tim title F. C. Co. Ti	DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME	1		
STREET ADDRESS				1 ADDRESS		
CITY-S1-ZIP			3.4, C(TY-			
TITLE		DELETE	4.1 1)TLE			☐ Change ☐ Addition
NAME		<u>-</u>	4 2 NAME			•
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		DELETE	51 TITLE	V7 271		Change Addition
NAME			5.2 NAME			
STREET ADDRESS				I ADDRESS		
1			5 4 CiTY-1			
CITY-ST-ZIP		Driete	54 UIT-1	31-47F		Change Addition

14. I horeby 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 if changed, or on an attachment with an address.

62 NAME

6.3 STREET ADDRESS

K. Garria

SIGNATURE: MILLER

NAME

STREET ADDRESS