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 # P97000028758 (5)

RAUL GASTESI JR., ATTORNEY AT LAW, P.A.

Principal Place of Business

Mailing Address

FILED Feb 11 1998 8:00am Secretary of State



10680 SW 113 MIAMI FL 331	76	10680 SW 113TH PL #103 MIAMI FL 33176		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/27/1997
2. Principal Place of Business 21. 225 Alcuson Ave. 26. 225 Alcuson			1-00 Aug	4. FEI Number 65 - 074/4/ Applied For Not Applied For
Suite, Apt. (I, etc.	Suite, Apt. #, etc.	azpa. Ave	5. Certificate of Status Desired
City & State	1 Gables FL	City & State	bki EL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
_ Zip 22.	Country	20 23134	Country (A.	B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 22/	9. Name and Address of Current	Registered Agent	1 21377	10. Name and Address of New Registered Agent
GASTESI, RAUL JR				
3191 CORAL WAY, 3RD FLOOR MIAMI FL 33145			Street Address (P.O. Box Number is Not Acceptable) 83 83	
			84 City C	DRAL GABLES, FLA. FL BS 33134
	o the provisions of Specifices 607.0502 egistered agont, or find, in the State of Familiar with, and accept the obligat		 the above-named of thorized by the corporate da Statules. 	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Stockland of printed name of registered agent	und little of apply able (NOTE I	Registered Agent signature re	equired when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CACTEC DALII ID	☐ DELETE	1.1 TITLE	GASTES! RAVE JR. Change Addition
NAME STREET ADDRESS	GASTESI, RAUL JR 10680 SW 113TH PL #103		1.2 NAME 1.3 STREET ADDRESS	GASTESI, RAVL JR. Change Addition 275 AICA 3AR AUC CORAI GABLES, FLA. 33134
CITY-ST-ZIP TITLE	MIAMI FL 33176	DELETE	1.4 CITY+ST-ZIP 2 1 TIYLE	Change Addition
NAME		La beare	2 2 NAME	المستعدد بيل المستعدد
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			34. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADORESS			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			53 STREET ADDRESS	
CITY-ST-ZIP		T becer	54 CITY-ST-ZIP	[] All [] -] All []
TITLE		L_ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
indicated of officer or c	on this annual report or supplemental.	annual report is true and accur	ate and that my sign ecute this report as r	I in Section 119.07(3)(t), Florida Statutes. I further certify that the information leture shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in