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 # P97000031357 (1)

COSTALES & RODRIGUEZ, P.A.

Principal Place of Business	Mailing Address
5745 S.W.39TH ST.	5745 S.W.39TH ST.

FILED Mar 25 1998 8:00am Secretary of State

n kananana kia kakin abbat bahin angar bahin agkan akini diada ining bikik kana bahi

Princ	cipal Place of	Business	Ma	iling Address				
			6745 S.W.39TH ST. Mami FL 33155			DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified
								04/07/1997
	rincipal Place	of Business	20.	Maiting Address				4. FEI Number Applied For
21	2 4 5 11		26	0.5				Not Applicable
22	uite, Apt. #, e	otc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Serviced Fee Required
	ity & State		27	City & State				6. Election Campaign Financing \$5.00 May Be
23	nty & Oldio		28	ony o ondio				Trust Fund Contribution Added to Fees
	ıρ	Country	- 121.	Zιρ	Cou	ntry		8. This corporation owes or has paid the current year Intangible
24		25	29		30			Personal Property Tax due June 30. Yes No
), Name and Address of C	urrent Regist	tered Agent				10. Name and Address of New Registered Agent
	COSTA	NLES, ANA				81	Name	0
		S.W.39TH ST.				82	Street	et Address (P.O. Box Number is Not Acceptable)
	MIAMI	FL 33155						· · · · · · · · · · · · · · · · · · ·
						83		
ĺ						84	City	85 Zip Code
								FL T
1 1	office or reas	stered agent, or both, in the	State of Florid	ia. Such change was	: authorize:	d by	the con	ed corporation submits this statement for the purpose of changing its registered or
'	agent. I am fa	amiliar with, and accept the	obligations of	, Section 607.0505, P	lorida Stat	utes	.	•
SIGN	NATURE	nature, typed or printed name of registe	ored arrent and title	if anotherable (NC	11F : Begistere	d Ane	nt signature	ure required when reinstating) DATE
12.	0.0.		S AND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	F	20		☐ DELETE	1.1 19	TLE		Change Addition
NAME	10	CASTALES, ANA			1.2 N/	E		
STREE		5745 S.W.39TH ST.			1.3 ST	REET	ADDRESS	S
CITY-	ST-ZIP	MIAMI FL 33155			1.4 CI	TY-S	T-ZIP	
TITLE	V	/D		□ DELETE	2.1 (0	TLE		Change Addition
NAME		RODRIGUEZ, MANUEL			2.2 N/	AME		'
STREE	1 -	5745 S.W.39TH ST.			2.3 S1	REET	ADDRESS	S
-		VIAMI FL 33155		D or eye	2. 4 CITY-		ST - ZIP	Change Addition
TITLE	-	STD		[_] DELETE	3.1 TITLE			L Change L Addition
NAME		COSTALES, JORGE C			3.2 N		****	
1	,	5745 S.W.39TH ST.					ADDRESS	⁵
TITLE	ST-ZIP N	MIAMI FL 33155		DELETE	3.4. U		ST - ZIP	Change Addition
NAME					4.2 N			
	T ADDRESS						ADORESS	s
	ST-ZIP				4.4 CI			
TITLE				DELETE	5.1 TI		/	Change Addition
NAME					5.2 N	AME		
STREE	T ADDRESS				5.3 S1	REET	ADDRESS	s
CITY-	ST-ZIP				5.4 CI	TY-S	T- ZIP	
TITLE				DELETE	6.1 Tí	TLE		Change Addition
NAME					6.2 N	AME		
STREE	T ADDRESS				6.3 \$1	TREET	ADDRESS	s
	ST-ZIP	-			6.4 CI			
1 :	indicated on	this population of an almost	annontal annua	tropped in true and ar	onurain on	a sh.	at mu cir	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an
	officer or dire Block 12 or E	ector of the corporation or the Block 13 if changed, or on a	ne roceiver or t	rustee empowered to with an address	execute	this	report a	as required by Chapter 607, Florida Statutes; and that my name appears in