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 # P97000035444 (3)

1. '	DON E	MILIO RODRIGUEZ, P.A.	(0)	,		
Prin	ncipal Place	e of Business	Mailing Address		I TABATUBE I ITA ARTIN YARIFI DALIA DALIK ODIN ODING X	IIOI DIIII OIOII BIRII BIRI IORI
6362 MILKWAGON LANE MIAMI LAKES FL 33014			6382 MILKWAGON LANE MIAMI LAKES FL 33014		DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
		4			04/18/1997	
2.	Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21					65-0808379	Not Applicable
22	Suite, Apt.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23			[28]	,	Trust Fund Contribution	Added to Fees
_	Zip	Country	Ζ φ	Country	This corporation owes or has paid the cu	
24		25	29	30		Yes No
		g. Name and Address of Curren	it Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
RODRIGUEZ, DON EMILIO 6382 MILKWAGON LANE				oi ivame		
				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI LAKES FL 33014				83		
				03		
				84 City		85 Zip Code
				<u> </u>	<u>Fl</u>	<u>- </u>
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as reagent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE						pointment as registered
				11 - Registered Agent signature req		D DIDECTORO IN 40
12. TITLE		D OFFICE HS ANI	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAM		RODRIGUEZ, DON EMILIO	Пресет	1.2 NAME		CT outside CT Montion
	ET ADDRESS	8382 MILKWAGON LANE		1.3 STREET ADDRESS		
	-ST-ZIP	MIAMI LAKES FL 33014		1.4 CITY-ST-ZIP		
TITLE		INDUM BUILD IE GOOTS	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAM				2.2 NAME		
	ET ADDRESS			2.3 STREET ADDRESS		:
	-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE			DELETE	31 TITLE		Change Addition
NAM	E			3.2 NAME		
STRE	ET ADDRESS			3.3 STREET ADDRESS		
CITY	-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE			☐ DELETE	4.1 TITLE		Change Addition
NAM	E [4. 2 NAME		
STRE	ET ADDRESS			4.3 STREET ADDRESS		
_CITY	-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		•	DELET e	5.1 1(TLE		Change Addition
NAM	E			5.2 NAME		ļ
STAE	ET ADDRESS			5.3 STREET ADDRESS		
CITY-	-ST-ZIP			5.4 CITY-S1-ZIP		
TITLE			☐ DELETE	6.1 TITLE		Change Addition
NAM	E)			62 NAME)
STRE	ET ADDRESS			6 3 STREET ADDRESS		
CITY	-ST-ZIP			6.4 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)(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 legal 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.

FILED

Apr 27 1998 8:00am

Secretary of State