## 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

	MENT# P97000 CA MODAS CORP.	0035798 (2)			
Principal Place of Business		Mailing Address		T SOUTHOUT THE THREE THREE TO BE THE BETTE	1101 After 18010 18101 1814 1884
8324 S.W. 65TH AVENUE		8324 S.W. 65TH AVENUE			
#3   Miami Fl 93143		#3 MIAMI FL 33143		DO NOT WRITE IN THIS	S SPACE
WINGSTIE 55	170	MINNI I E DOI TO		3. Date Incorporated or Qualified	
				04/22/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21	<del></del>	26		APPLED	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	<u> </u>
24	25	29	30	Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent  EDETAG LINGA M  B1 Name				10. Name and Address of New Registere	J Agent 🗸
FREITAS, LUISA M 8324 S.W. 65TH AVENUE					
#3		B2 Street Ad		fress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33143			83		
			84 City		85 Zip Code
			'	F	
SIGNATURE	Signature typinger project number of registered age	ohr and bile day placable (NOH	Registered Agent signature requ		- 98
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
NAME	FREITAS, LUISA M		1.2 NAME		
STREET ADDRESS	8324 S.W. 65TH AVE. #3		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33134		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS	Ì		2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CHY-S1-ZIP 3.1 TITLE		Change Addition
NAME		Д вени	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 NAMÉ		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T printe	4.4 C(TY-ST-ZIP		Denne Dadica
TITLE		☐ DEL€TE	5.1 TITLE		☐ Change ☐ Addition
NAME PARET ADDRESS			5.2 NAME		
STREET ADDRESS	•		5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
CITY-ST-ZIP		DELETE	6.1 TITLE		Change Addition
NAME		—	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby 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 legal effect as if made under eath; 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 our an attachment with an address.

2.16-48

**FILED** 

Apr 14 1998 8:00am

Secretary of State