FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF MATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Jun 18 1998 8:00am Secretary of State

	MENT # P97000 DORT CORP.	036026 (7)			
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Dala da al Dia		Marian Addison			ii 3 000 01 00 11 0 0 110 110 110 110 110 110 110 110 110
•	ce of Business	Mailing Address	_		
1001 BRICKELL BAY DRIVE SUITE 2310 Miami Fl 33131		1001 BRICKELL BAY DRIVE Suite 2310 Miami Fl 33131		4	
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 04/22/1997	
	Place of Business	2a. Mailing Address		4. FEI Number 65 - 0747530	Applied For
21 11/1		26		65-0747830	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	1€	C. Clastica Compaign Financia	
23 BAY 11	ARBORISHAND, FL	28 200	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 ZIP 33	15h 25 DA OF	29 3	30]	8, This corporation owes or has paid the cu Personal Property Tax due June 30. Name and Address of New Registered	Yes No
01 Name					Agent
PIZZUTO, ANGELO			A	NGELO PIZZUTO	
1001 BRICKELL BAY DRIVE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	600
"SUITE 2 310 MIAMI FL 33131			83	<i>//2//</i> 2	
(VIII	AMI I E 30101				
2			84 City 4	HARBOR ISLAND FL	85 Zip Code 33/5/
11. Pursuant	to the provisions of Sections 007.0502	and 607 1508, Florida Statutes	s, the above named corp	poration submits this statement for the purpose of the board of directors. I hereby accept the app	
office or i agent 1 a	registered agent, or both, in the State c am familiar with, and accept the obligat	if Florida, Such change was au ions of, Section 607 0505, Flori	ithorized by the corporat ida Statutes.	lion's board of directors. I hereby accept the app	pointment as registered
SIGNATURE	Aud A	1 mula	ANGEL PIA	72160 6	5 88
			Registered Agent signature requir		7
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D MOLEAN MUNICION C	Ĺ DECET€	1.1 THLE		Change Addition
NAME	MCLEAN, WINSTON G 1001 BRICKELL BAY DRIVE		1.2 NAME		
STREET ADDRESS	MIAMI FL 33131		1.3 STREET ADDRESS		
CITY-ST-ZIP	D B	DELFTE	1.4 CITY-ST-ZIP 2.1 TIPUE		Change Addition
NAME	MCLEAN, DOROTHY M	orrec	2.2 NAME		
STREET ADDRESS	1001 BRICKELL BAY DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAMI FL 33131		2. 4 CHY+ST+ZIP		
TITLE	D	DELFTE	3.1 THLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	MCLEAN, ANDRREW H		3.2 NAME		
STREET ADDRESS	1001 BRICKELL BAY DRIVE		3 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		3.4 CITY-ST-ZIP		
TITLE		☐ DELE1E	4 1 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.9 STREET AUDRESS		
CITY-ST-ZIP			4.4 CHY-ST-7IP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DATITIE	5.4 CITY - ST - ZIP		Change Addition
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	certify that the information supplied will	n this filing does not qualify for	the exemption stated in	Section 119 07(3)(i) Florida Statutos I further or	artify that the information

4. Thereby 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 suppliemental 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 of 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.