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

POCUMENT # P97000039394 (6)

rincipal Place of B usi	iness	Mailing Address	
10800 Biscayne (Bou Suite 950 Miami Fl 33168	ILEVARD	10800 BISCAYNE BOULEVARI SUITE 950 MIAMI FL 33168	D

FILED Jun 30 1998 8:00am Secretary of State

Suite, Apt. #, etc. 27 City & State City & State City & State Zip Country Country Suite, Apt. #, etc. 5. Certificate of Status Desired To Certificate of Status Desired Status Desired To Certificate of Status Desired Trust Fund Contribution Country Suite, Apt. #, etc. Country Country Suite, Apt. #, etc. Certificate of Status Desired Trust Fund Contribution Country Suite, Apt. #, etc. City & State Country Suite, Apt. #, etc. Cou	Applied For Not Applied For Not Applicab \$8.75 Additional Fee Required \$5.00 May Be Added to Fees current year Intangible Yes No
SUITE 950 MIAMI FL 33168 SUITE 950 MIAMI FL 33168 DO NOT WRITE IN THE 3. Date Incorporated or Qualified 04/30/1997 4. FEI Number POR Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Zip Country Zip Country Zip Country Zip Country Zip Country S. Name and Address of Current Registered Agent DOUTHIT, MARC ANTHONY ESO. 10800 BISCAYNE BOULEVARD SUITE 950 DO NOT WRITE IN THE 3. Date Incorporated or Qualified O4/30/1997 4. FEI Number FOR 5. Certificate of Status Desired 5. Certificate of Status Desired City & State City & State Country S. This corporation owes or has paid the Personal Property Tax due June 30. Name and Address of New Registered DOUTHIT, MARC ANTHONY ESO. 10800 BISCAYNE BOULEVARD SUITE 950	Applied For Not Applicab \$8.75 Additional Fee Required \$5.00 May Be Added to Fees current year Intangible Yes \(\) No
3. Date Incorporated or Qualified 04/30/1997 2. Principal Place of Business 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State City & State 28 City & State Country Zip Country Zip Country Zip Country Zip Country Suite, Apt. #, etc. 28 Trust Fund Contribution Trust Fund Contribution Personal Property Tax due June 30. Name and Address of Current Registered Agent DOUTHIT, MARC ANTHONY ESO. 10800 BISCAYNE BOULEVARD SUITE \$50 Suite, Apt. #, etc. 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution Country 8. This corporation owes or has paid the Personal Property Tax due June 30. Name and Address of New Registered 81 Name Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicab \$8.75 Additional Fee Required \$5.00 May Be Added to Fees current year Intangible Yes \(\) No
2. Principal Place of Business 2. Mailing Address 2. Sulte, Apt. #, etc. 2. Sulte, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 2. Principal Place of Business 2. Election Campaign Financing 2. Trust Fund Contribution 2. Trust Fund Contribution 2. Trust Fund Contribution 2. Trust Fund Contribution 3. This corporation owes or has paid the 2. Personal Property Tax due June 30. 3. Name and Address of Current Registered Agent 3. Name and Address of New Register 3. DOUTHIT, MARC ANTHONY ESO. 3. Name and Address of New Registered Agent 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable)	Not Applicab \$8.75 Additional Fee Required \$5.00 May Be Added to Fees current year Intangible Yes \(\) No
2. Principal Place of Business 26 Mailing Address 25 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 City & State 2 City & State 2 City & State 2 City & State 2 Country 28 Trust Fund Contribution 29 Trust Fund Contribution 21 Country 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Register 10800 BISCAYNE BOULEVARD SUITE 350	Not Applicab \$8.75 Additional Fee Required \$5.00 May Be Added to Fees current year Intangible Yes \(\) No
Sulte, Apt. #, etc. 22 City & State City & State City & State 28 City & State 29 Country 29 Country 29 Country 20 Country 20 Country 21 Country 25 29 30 Country 30 Country 30 Country 30 Country 40	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees current year Intangible Yes \(\) No
27 City & State Trust Fund Contribution Trust Fund Contribution Country Representation owes or has paid the Personal Property Tax due June 30. Representation owes or has paid the Personal Property Tax due June 30. Representation of Name and Address of New Register DOUTHIT, MARC ANTHONY ESO. 10800 BISCAYNE BOULEVARD SUITE 950 Suite Address (P.O. Box Number is Not Acceptable)	\$5.00 May Be Added to Fees current year Intangible Yes No
City & State : Country : C	\$5.00 May Be Added to Fees current year Intangible Yes No
28 Trust Fund Contribution Zip Country Zip Country 25 29 30 Personal Property Tax due June 30. S. Name and Address of Current Registered Agent DOUTHIT, MARC ANTHONY ESO. 10800 BISCAYNE BOULEVARD SUITE 950 Trust Fund Contribution Country 8. This corporation owes or has paid the Personal Property Tax due June 30. Name and Address of New Register Name 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)	Added to Fees current year Intangible Yes No
Zip Country Zip Country Sip Country Sip Country Sip Country Sip Sign Sign Sign Sign Sign Sign Sign Sign	current year Intangible
25 29 30 Personal Property Tax due June 30. S. Name and Address of Current Registered Agent DOUTNIT, MARC ANTHONY ESO. 10800 BISCAYNE BOULEVARD SUITE 950 Personal Property Tax due June 30. 10 Name and Address of New Register Name Street Address (P.O. Box Number is Not Acceptable)	Yes No
DOUTHIT, MARC ANTHONY ESO. 10800 BISCAYNE BOULEVARD SUITE 950 10. Name and Address of New Register 10. Name and	ed Agent
10800 BISCAYNE BOULEVARD SUITE 950 SUITE 950	
10800 BISCAYNE BOULEVARD SUITE 950 Street Address (P.O. Box Number is Not Acceptable)	
SUITE \$50	
MIAMI F L 33168 ⁶³	
84 City	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpos office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
Signature, typed or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating) DA1 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE DELETE 1.1 TITLE Prod. 2 cm	Change Addition
NAME STREET ADDRESS 1.3 STREET ADDRESS 1.3 STREET ADDRESS	Lime
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•
TITLE DELETE 21 TITLE DELETE	Change Addition
NAME STREET ADDRESS 2.2 NAME 2.3 STREET ADDRESS 3.5 C. D.	* 9
CITY-ST-ZIP 2.4 CITY-ST-ZIP MIRM'S FL 33 16 L	
TITLE TO DELETE 3,1 TITLE	☐ Change ☐ Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDRESS 4	
STREET ADDRESS CITY-ST-ZIP 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	
	Change Addition
CITY-ST-ZIP 3.4. CITY-ST-ZIP	Change Addition
CITY-ST-ZIP 3.4. CITY-ST-ZIP	Change Addition
34. CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE	
34. CHY-ST-ZIP 34. CHY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE CHY-ST-ZIP	Change Addition
34. CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME 5.2 NAME	
34. CHY-ST-ZIP 34. CHY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET AD	
CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.5 TITLE	Change Addition
CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.1 TITLE CITY-ST-ZIP TITLE DELETE 6.1 TITLE CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-	Change Addition
CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.5 TITLE	Change Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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 actives.

4.30/90