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 # P97000041548 (3)

| Principal Place of Business Mailing Address | 1864 1864 1866 1866 1867 1867 |
|--|---|
| 799 BRICKELL PLAZA SUITE 900 799 BRICKELL PLAZA SUITE 900 ATTN: CAROL S. FABER. ESO. ATTN: CAROL S. FABER. ESO. MIAMI FL 33131 MIAMI FL 33131 DO NOT WRITE IN THI | IS SPACE |
| 3. Date Incorporated or Qualified | |
| 05/09/1997 | |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0758088 | Applied For |
| 26 65-0/58088 | 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 |
| 28 Trust Fund Contribution | Added to Fees |
| Zip Country 7in Country 8. This corporation owes or has paid the co | |
| 24 25 29 30 Personal Property Tax due June 30. | Yes No |
| Name and Address of Current Registered Agent 10, Name and Address of New Registere Name Name Name | a Agent |
| PERLIMAN AND FADER, P.A. | |
| 799 BRICKELL PLAZA SUITE 900 82 Street Address (P.O. Box Number is Not Acceptable) | |
| MIAMI FL 33131 | |
| | |
| 84 City | 85 Zip Code |
| affice or registered about or both in the State of Florida, Such about our sufficient of his corporation's board of directors. I have by accord the a | |
| 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature treating treating. | |
| SIGNATURE Signature: typed or preted name of re-polared agreet and telephagolicable (NOTE: Registered Agent signature required when re-instating) DATE | |
| SIGNATURE Signature, typicd or prefed turne of re-petited age et and trie of applicable (NOTE: Registered Agent signature required when re-installing) DATE | |
| SIGNATURE Signature, typed or prelief to order of the period and the discontinuous period to the discontinuous | ND DIRECTORS (N 12 |
| SIGNATURE Signature, typed or periled name of re-period are et and tele d'aquilentile (NOTE: Registared Agent agresture required when re-installing) DATE | ND DIRECTORS IN 12 Change Addition |
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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 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.

4129198

CIGNATURE.

CR2E034 (10/9)

FILED

May 18 1998 8:00am

Secretary of State