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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000 41943

SCHMITZ, TAYLOR & KRAFT, INC

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90082 036 ***158.75

Principal Place of Business	Mailing Address	,		
1861 NW 97th	AVE			
			DO NOT WRITE IN THIS	SPACE
MIAMI FI 33	3172-2363		3. Date Incorporated or Qualified 5/12/97	
Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	26		65-0751941	Not Applicabl
Suite, Apt. #, etc.	Suite, Apt. #, etc.	·	5. Certificate of Status Desired	\$8.75 Additional
2	27			Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
·	28	Country	Trust Fund Contribution 8. This corporation owes or has paid the co	
Zip Country		30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Cu		30	10. Name and Address of New Registered	
		81 Name		,
JAVIER A JASE	30 N		(D.C. D. Al arbas is New Assessable)	
•		82 Street Add	tress (P.O. Box Number is Not Acceptable)	
19201 NW 88	C1	83		
#4 4 · · · · · · · · · · · · · · · · · ·	2000			es Zin Codo
	3019	84 City	FI	85 Zip Code
Pursuant to the provisions of Sections (0):	7 0502 and 607 1508. Florida Statute	es, the above-named cor	poration submits this statement for the purpose	of changing its registere
office or registered agent, or both, in the	State of Florida. Such change was a	uthorized by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as registered
	obildatidin aza i, section 607.0505, Fid			
	1//			
GNATURE	## Description			
GNATURE Signature, typed is a middinarie of register	ed about and title if applicable. (NOTE	E: Registered Agent signature requ		ND DIRECTORS IN 12
GNATURE Signature, hyperbounded maybe of register 2.	## Description	E: Registered Agent signature (equ	ulred when reinstating) DATE	ND DIRECTORS IN 12
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SIGNATURE:

officer or director of the corporal Block 12 or Block 13 if changed

SILICATION TYPED OR ASSISTED FAMILIES SIGNING OFFICER OR DIRECTOR

3/24/99 Date

Daytime Phone #