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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000042084 (8)

FILED Apr 10 1998 8:00am Secretary of State

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Principal Plac	e of Business	Malling Address		—
1		•	• •	
HIALEAH FL	r, gùite 20 8 C 23010	60 E 3RD ST. SUITE 20 HIALEAH FL 33010	R.C.	
1				DO NOT WRITE IN THIS SPACE
	2			3. Date Incorporated or Qualified
	7			05/13/1997
	lace of Business	2a. Malling Address		4. FEI Number Applied For
21		26		191712 89 Not Applicat
Sulte, Apt	#, etc.	Suite, Apt. #, etc.		5 Certificate of Status Desired 70.73 Additional
22		27		Fee Hequired
City & State	e ,	Cily & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution Added to Fees
`	. —	29	30	8. This corporation owes or has paid the current/year Intangible Personal Property Tax due June 30. Yes No
24 } ~	25 25 Name and Address of Curre		1301	10. Name and Address of New Registered Agent
C	ORDERO, AUGUSTO		81 Name -	
	E SRD ST, SUITE 208 C			
1 50	ALEAH FL 33010		82 Street Addi	ress (P.O. Box Number is Not Acceptable)
יוע	AUSAN CE SSUIV		83	
•	-			<u> </u>
1		•	84 City	FL 85 Zip Codn
Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statut	les, the above-named corr	poration submits this statement for the purpose of changing its registere
office or r	egistered agent, or both, in the State of familiar with, and accept the oblig	of Florida. Such change was a	authorized by the corporat	tion's board of directors. I hereby accept the appointment as registered
	AUBUSTO CONSGL		Onda Statutes.	04/06/98
SIGNATURE	Signature, typed or printed name of registered ag	em and title if applicable. (NOT	E: Registered Agent signature requi	red when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD			
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NAME	CORDERO, AGUSTO	DELETE	1.1 TITLE 1.2 NAME	☐ Change ☐ Addili
NAME STREET ADDRESS	, , =	☐ DELËTE	ł	[_] Change Addili
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6.4 CITY-ST-ZIP 14. 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.

6.3 STREET ADDRESS

***150.00