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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State • DIVISION OF CORPORATIONS

Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Status Desired   See Required	Principal Place of Business  7385 SW 87TH AVENUE #200 MIAMI FL 33173  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 05/15/1997  2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Mailing Address
7385 SW 87TH AVENUE #200 MIAMI FL 33173  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  S. Date Incorporation or Status Desired  S. Certificate of Status Desired  S. Certi	7385 SW 87TH AVENUE #200 MIAMI FL 33173  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 05/15/1997  2. Principel Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2c. Country 2c. Principel Place of Business 2d. Mailing Address 2e. Mailing Address 2f. City & State 2f. City & State 2f. City & State 2f. Country 2f.
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2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 05/15/1997 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 05/15/1997 3. Date Incorporated or Qualified 05/15/1997 4. FEI Number 65 0 7 94/ 5/	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  05/15/1997  2. Principal Place of Business 26  Suite, Apt. #, etc.  Suite, Apt. #, etc.  27  City & State  City & State  City & State  28  Zip  Country  Zip  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi
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City & State  City & State  Zip  Country  Zip  Country  Zip  Zip  Country  Zip  Country  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	27   5. Certificate of Status Desired   Fee Required
City & State  Country  Zip  Country  Zip  Country  Zip  Country  B. This corporation owes or has paid the current year Intangible  Personal Property Tax due June 30.	City & State   City & City & State   City &
Trust Fund Contribution	Trust Fund Contribution Added to Fees  Zip Country Zip Country  25 28 30 Share and Address of Current Registered Agent  MATZ, EVAN  SOLUTION STREET S
Zip Country Zip Country	Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No.  9. Name and Address of Current Registered Agent  MATZ, EVAN  10. Name and Address of New Registered Agent  Name
28 30 Personal Property Tex due June 30. Yes No  9. Name and Address of Current Registered Agent  MATZ, EVAN 10301 SW 122ND STREET MIAMI FL 33176  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  FL 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 purpose of changing its registered agent. I am familiar with, and accept the obligations of sections food of control agent. I am familiar with, and accept the obligations of sections food of control agent. I am familiar with, and accept the obligations of sections food of control agent. I am familiar with, and accept the obligations of sections food of control agent. I am familiar with, and accept the obligations of sections food of control control agent. I am familiar with, and accept the obligations of sections food of control control control control food of control contr	25 29 30 Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  MATZ, EVAN  10. Name and Address of New Registered Agent  Name  81 Name
9. Name and Address of Current Registered Agent  MATZ, EVAN 10301 SW 122ND STREET MIAMI FL 33176  81 Name  32 Street Address (P.O. Box Number is Not Acceptable)  83	9. Name and Address of Current Registered Agent  MATZ, EVAN  SOLUTION OF THE STATE
MATZ, EVAN 10301 SW 122ND STREET MIAMI FL 33176  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 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 purpose of changing its registered agent. I am familiar with, and accept the obligations of Colored 607.0505, Florida Statutes.  85 Signature  86 Street Address (P.O. Box Number is Not Acceptable)  87 Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes the above-named corporation submits this statement for the purpose of changing its registered degent. I am familiar with, and accept the obligations of Colored 607.0505, Florida Statutes.  86 Signature typed or preted registered agent and the application (NOTE Registered Agent signature required when reinstating)  96 DATE  12. OFFICERS AND DIRI CTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17 ITILE  18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18 STREET ADDRESS  19 STREET ADDRESS  19 STREET ADDRESS  11 A CITY-SI-Zip  11 A CITY-SI-Zip  11 A CITY-SI-Zip	MATZ, EVAN
10301 SW 122ND STREET  MIAMI FL 33176  82 Street Address (P.O. Box Number is Not Acceptable)  83	MAIL, EVAN
MIAMI FL 33176  83  84 City  FL  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 purpose of changing its registered office or registered agent, or both, in the State of Florida appointment as registered agent. I am familiar with, and accept the obligations of poster 607.0505, Florida Statutes.  SIGNATURE  Signature typled or provide registered agent and applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRI CTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  MATZ, BARRY  STREET ADDRESS  8651 SW 82ND COURT  1.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33143  1.4 CITY-ST-ZIP	10301 3W 122ND STREET 82] Street Address (P.O. Box Number is Not Acceptable)
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11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida atto-change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of the 607.0505, Florida Statutes.  SIGNATURE  Signature typed or printed registered agent any florid any floridation (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  MATZ, BARRY  STREET ADDRESS  8651 SW 82ND COURT  1.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33143  1.4 CITY-ST-ZIP	
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SIGNATURE    Signature typicd or printed name of registered agent and other applicable   (NOTE Registered Agent signature required when reinstating)   DATE	
SIGNATURE    Signature typicd or printed name of registered agent and other applicable   (NOTE Registered Agent signature required when reinstating)   DATE	office or registered agent, or both, in the State of Florida, and change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
12. OFFICERS AND DIRL CTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  MATZ, BARRY  STREET ADDRESS  8651 SW 82ND COURT  CITY-ST-ZIP  MIAMI FL 33143  (NOTE Registered Agent signature required whon reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.1 TITLE  S D  Change Addition  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33143	agent. I am tamiliar with, and accept the obligations of recover-buy to-bus, Florida Statutes.
12. OFFICERS AND DIRECTORS  TITLE  MATZ, BARRY  STREET ADDRESS  651 SW 82ND COURT  CITY-ST-ZIP  MIAM! FL 33143  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. TITLE  PS D  Change Addition  12. NAME  12. NAME  13. STREET ADDRESS  14. CITY-ST-ZIP  14. CITY-ST-ZIP	SIGNATURE  Signature based or printed game of resistance arrange and bits applicable (NOTE Registered Agent signature required when refinsteams)  OATE
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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.

CICNATURE.

Em & State

Frank MATT

01/14/98

205-224-675

**FILED** 

May 19 1998 8:00am

Secretary of State