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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000046245 (1)

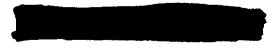
12/18/97

CHRISTINE M. MORENO, ATTORNEY, P.A.

Principal Place of Business

Mailing Address

FILED Feb 19 1998 8:00am Secretary of State



13122 WEST DIXIE HIGHWAY NORTH MIAMI FL 33161		13122 WEST DIXIE HIGI NORTH MIAMI FL 33161			DO NOT WRITE IN THIS SPACE	
_					3. Date Incorporated or Qualified 05/23/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For	
26 Suite, Apt. #, etc. Suite, Apt.					65-0754653 Not Applica	
2		Suite, Apt. #, etc.			5. Certificate of Status Desired Sectional Fee Required	
City & Stat		City & State	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip 24	Zip Country Zip		Country 30		6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
<u></u>	9. Name and Address of Cur	rent Registered Agent	1301		10. Name and Address of New Registered Agent	
MC	DRENO, CHRISTINE M ESQ		8	1 Name		
13122 WEST DIXIE HIGHWAY			8:	2 Street	Address (P.O. Box Number is Not Acceptable)	
NORTH MIAMI FL 33161						
			83	3		
			84	City	EL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	rtes, the abov	/e-named		
office or r	egistered agent, or both, in the Start and accept the ob-	ate of Florida, Such change was ligations of Section 607,0505. F	authorized b	y the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE			Tonda Olaion			
	Signature, typed or printed name of registered			gent signature	required when reinstating) DATE	
12.	/^	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME	D / P Moreno, Christine M E	DELETÉ	1.1 TITLE		D/P Additi	
STREET ADDRESS			1.2 NAME	:		
CITY-ST-ZIP	NORTH MIAMI FL 33161		1.4 CITY-	T ADDRESS		
TITLE	TOTAL TERMINATE SOLITOR	☐ DELETE	2.1 TITLE	31-21	☐ Change ☐ Additi	
NAME			2.2 NAME	İ		
STREET ADDRESS			2.3 STREE	T ADDRESS	of the state of t	
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Ţ,	☐ Change ☐ Additi	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP	···· ·· ····	- Occupa	3.4. CITY-	ST-ZIP		
NTLE		☐ DELETE	4.1 TITLE	.	Change L. Additi	
NAME PERCET ADVOCES			4. 2 NAME	i		
STREET ADDRESS			1	T ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 1 5.1 TITLE	51-EIF	☐ Change ☐ Additi	
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS	5-1.919	
CITY-ST-ZIP			5.4 CITY-1	· 1	~ 2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
TITLE		☐ DELETE	6.1 TITLE			
KAME			6.2 NAME	P .	-02/20/9801048028	
STREET ADDRESS			6.3 STREET	T ADDRESS	500002436655 ^{tange} Additi -02/20/9801048028 ***150.00	
CITY-ST-ZIP			6.4 CITY-5	ST-ZIP	#	

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 confortation or the receiver or trustee empowed 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 an anattechment with an address.

CIONATURE

Ones

1 00 00 20 FORT 403