## 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

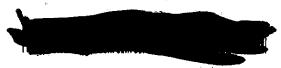
DIVISION OF CORPORATIONS

DOCUMENT #

P97000047044 (7)

Principal Plage of Business

## FILED Mar 26 1998 8:00am Secretary of State



3625 NW 82 AVE SUITE 401 3625 NW 82 AVE SUITE 401 MIAMI FL 33166 **MIAMI FL 33166** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/28/1997 2. Principal Place of Business N.W. 2a. Mailing Address Applied For 82 AVENUE Not Applicable Suite, Ant #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing FLOIL ZO HIDMI 23 28 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible .S.4. Yes Yes 24 29 30 ☐ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JULIE RIVES Name **B1** 3625 NW 82 AVE SUITE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33166 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 602.0502 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 Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the obligations of Section 607.0505, Florida Statutes. LIVES Julie SIGNATURE Signature, typo: (NOTE: Registered Age OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE \* DELETE Change 1.1 TITLE Addition RIVES , JULIE NAME GIOSA, JORGE 1.2 NAME 3625 NW 82 AVE SUITE 217 3025 NW 92 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33166** CITY-ST-ZIP 1.4 CiTY-ST-ZIP MAMI, DELETÉ TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE Addition 3 1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP 2000024701128 nange -03/27/98--01010--002 DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME \*\*\*150.00 STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - 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 period of 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 it-changed, if on an attrachment with an address RIVES