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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 22 1998 8:00am Secretary of State

Principal Place of Business 15107 MADRIA WAY MADRIA BEACH FI, 30708 Principal Place of Business Mailing Address 15107 MADRIA WAY MADRIA BEACH FI, 30708 Suite ACA, 8, etc. 3, one incorporation of Outlined 3, one in	1000				- Secretary or State	
RICHARD BRAY, INC. Principal Piace of Business 15/07 MADERA WAY MACERA BEACH FL 33709 2. Principal Piace of Business 2. Adaing Address 2. Date Incorporated or Qualified 05/30/1997 2. Principal Piace of Business 2. Aprincipal Piace of Business 3. Date Incorporated or Qualified 05/30/1997 4. FEB Number 3. Experiment of Business 3. April Piace of Business 3. April Piace of Business 3. Should April 4, etc. 3. Should April 4, etc. 3. Cry 4 State 3. Should April 4, etc. 3. Cry 4 State 3. Should Piace of Business 3. Should Piac	DOCUMENT # P97000047687 (3)				-	
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1507 MADERA WAY MADERA WAY MADERA WAY MADERA BEACH R. 33008 DO NOT WRITE IN THIS SPACE	Principal Place of Business Mailing Address					
MADERA BEACH FL 33708 MADERA BEACH FL 33708 ADER PROPRIET IN THIS SPACE 3. Data Incorporation of Control of Status Desired Substance, April, etc.	1 '		_			
2. Principal Place of Business 2a, Mailing Address 2a, Mailing				18		
Specific						
2. Mailing Address 2. Mailing Address 3. FEI Number					i ·	
Suite, Apt. 4, etc. Suite, Apt. 4, etc.	D. Dringing! Place of Purplesson					
Suite, Apt. #, etc. Suite, Ap						
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Zip	City & State City & State				6. Election Campaign Financing \$5.00 May Be	
28					Trust Fund Contribution Added to Fees	
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 3d3 ALMERIA AVENUE CORAL GABLES FL 33134 88	<u> </u>	<u> </u>	⊢ , ·			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 82 Street, Address (P.O., Box Number is tot Acceptable) 83 ALMERIA AVENUE CORAL GABLES FL 33134 84 City	[24]			30		
343 ALMERIA AVENUE CORAL GABLES FL 33134 84 Street Address (P. O. Dox Number is Not Acceptable) 85 Street Address (P. O. Dox Number is Not Acceptable) 86 City	AM		, regional rigeria	81 Name	(i), Traine and Address of New Heighstered Agent	
CORAL GABLES FL 33134 B3 City Color C	OAO ALMEDIA AVENUE					
B8 B4 City FC B5 Zip Code						
1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporations butwins 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, 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, 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, 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, or both in the above named of corporation's board of directors. I hereby accept the appointment as registered agent, or both in the above hardened of corporation's board of directors. I hereby accept the appointment as registered agent, or both in the above hardened corporation's board of directors. I hereby accept the appointment as registered agent, or both in the above hardened corporation's board of directors. I hereby accept the appointment as registered agent, or both in the appointment as registered agent ag				83		
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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 agreed office or registered agreed. I am familiar-withyand accept the applicable. SIGNATURE SIGNAT	/ VPa				105 Une - 5 Can d FL 33706	
SIGNATURE	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 of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits this statement for the purpose of changing its registered of the corporation submits the corporation					
12	agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.					
12.	SIGNATURE	Gilal Cha T	Zichard Bray	Pres	1-12-98	
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		ertify that the information supplied with	this filing does not qualify for		Section 119.07(3)(i). Florida Statutes, I further certify that the information	

14. I hereby certify that the information supplied with this filing does not quality 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.

SIGNATURE:

LICEIRE VEICHALL Brow

1-12-98

813-363-4050