

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998 *ca*



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000047755 (8)

1. Corporation Name
SKYLINE BUSINESS, INC.

Principal Place of Business

801 CYPRESS BLVD
SUITE 100
POMPANO BEACH FL 33060

Mailing Address

801 CYPRESS BLVD
SUITE 100
POMPANO BEACH FL 33060

FILED

99 OCT 18 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-99
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1997

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

21 1828 SALERNO CIRC DR.
Suite, Apt. #, etc.

2a. Mailing Address

26 c/o I. MORENO. 1919 NE 45 ST.
Suite, Apt. #, etc.

City & State

23 WESTON FL

City & State

28 FT. LAUDERDALE FL

Zip

24 33327

Country

25 BROWARD

Zip

29 33308

Country

30 BROWARD

9. Name and Address of Current Registered Agent

~~REYES, CARLOS~~
~~800 65 0TH ST~~
~~FT. LAUDERDALE FL 33310~~

BC

10. Name and Address of New Registered Agent

81 Name BEATRIZ E. MEZA

82 Street Address (P.O. Box Number is Not Acceptable)

83 301 GARDENS DR.

84 APT. 205

City POMPADO Bch

FL

85 Zip Code

33069

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, in 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 and accept the provisions of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10/12/99
DATE

12. OFFICERS AND DIRECTORS

TITLE D

NAME ARAPE, RAFAEL A

STREET ADDRESS 801 CYPRESS BLVD SUITE 100

CITY-ST-ZIP POMPADO BEACH FL 33160

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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:

REQUIRED

09/21/99 954-4915179
Date Daytime Phone #

CR2E034 (5/98)