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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000048166 (7)

FILED May 14 1998 8:00am Secretary of State

S, INC.						
Principal Place of Business Malling Address					- I \$000100K 31K (01K) 108(1 E0[(K 46(K) 80K)(09)	IS BEBBE TÖVÜT ITÖLÜ BILLIK ÖLLI TODI
12955 N.W 15TH AVE. PO BOX 680254						
MIAMI FL 33167 MIAMI FL 33168					DO NOT WRITE IN T	HIG GDAGE
					3. Date Incorporated or Qualified	nis space
					05/29/1997	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26				65-8259116	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
27		27			5. Certificate of Status Desired	Fee Required
<u></u> '		City & State	& State		6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the	
24	9. Name and Address of Current	Pagistared Agent	30		Personal Property Tax due June 30. 10. Name and Address of New Flegiste	Yes No
		negistered Agent	81	Name	IV. Hame and Address of New Registe	ied Agent
ST. GERARD, ROLAND F						
12955 N.W 15TH AVE. MIAMI FL 33167			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
Mi),	ANI FE 33107		83	 		
				<u> </u>		
			84	City	1	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statute	es, the abov	re-named corp	oration submits this statement for the purpo-	se of changing its registered
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. 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 obligations of, Section 607.050s, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent	Land litin if applicable (NOTE	Registered Ag	oni signature require	ed when reinstating) DA	TE .
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE			Change Addition
NAME	• • • • • • • • • • • • • • • • • • • •		1.2 NAME			
STREET ADDRESS	12955 N.W 15TH AVE.		1.3 STREE	T ADDRESS		ا ا
CITY-ST-ZIP	MIAMI FL 33167	DELETE	1.4 City-	ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			•	T ADDRESS		1
CITY-ST-ZIP TITLE		DELETE	2.4 CITY- 3.1 TITLE	S1 - ZiP		Change Addition
NAME	·	F-1 OFFEIR	3.1 INCE			C Strange C Assumpti
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP				i i		
TITLE		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			Change Addition
NAME		—	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			İ
CITY-ST-ZIP			5.4 CITY - ST - ZIP			<u> </u>
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-5			
14. I hereby o	certify that the information supplied with	h this filing does not qualify fo	r the exemp	otion stated in S	Section 119.07(3)(i), Florida Statutes. I furthe	r certify that the information

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.