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

FILED Apr 13 1998 8:00am Secretary of State

	MENT # P970(NTERPRISES CO.	00049505 (5))		
Principal Place	e of Business	Mailing Address		(18 Burbat dis India de la California de la Segua estida e	irfirfi ifirfis fizirit fibitat dest saat
1971 W. 72 ST. 1371 W. 72 ST. HIALEAH FL 33014					
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				06/03/1997	
		2a. Mailing Address		4. FEI Number 65-0779763	Applied For
<u></u>		Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22 27 27		<u> </u>		5. Certificate of Status Desired	Fee Required
		City & 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 c	
24	25	29	30]	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
	g. Name and Address of Curr	ant negisteren Agent	81 Name	10. Hand and Addition of Non-Hogisters	- Agont
	ONTANO, ROBERTO I				
- 1371 W. 72 ST. HALEAH FL 33014			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
•	ALEANT E 33014		83		
			84 City		85 Zip Code
			1 1 1	F	L ' '
SIGNATURE	Signature, typed or printed name of registered		orida Statutes. 1E. Registered Agent signature requirements.	poration submits this statement for the purpose ation's board of directors. I hereby accept the a client when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
12.	President	DELETE	, 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	A .	TAND	1.2 NAME		
STREET ADDRESS	1371 W 12 St. HIALENS, FL. 3		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEND, FL. 3	3014	1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
HAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
TITLE		בן טנננונ	3.2 NAME		C Change C hashion
NAME STREET ADDRESS	1		3.3 STREET ADDRESS		ļ
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME	İ		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		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE NAME		C. DECENT	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY_ST_7IP	Í		6.4 CITY - ST - ZIP		
14 I hereby	certify that the information supplied	with this filing does not qualify	for the exemption stated i	n Section 119.07(3)(i), Florida Statutes. I further	certify that the information

4. 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 ecciver of further 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 of mattactiment with a) address.

3-20-98

CICNIATUDE.

305-361-0135