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

**PROFIT CORPORATION** ANNUAL REPORT

1998

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000051487 (1)

rincipal Place of Business	Mailing Address						
901 NE 4 AVE	6301 NE 4 AVE						
MAMI FL 33138	MIAMI FL 33138						

## **FILED** Apr 09 1998 8:00am Secretary of State

		NG OF FLORI											
Principal Plac	e of Business		Ma	iling Address				ŀ		(4) <b>48</b> ) (4 <b>49</b> ) (4	#191 BILQ: LI	### WINDS 11	1111 1481 1481
6301 NE 4 AVE 6301 NE 4 AVE MIAMI FL 33138									DO NO	T WRITE IN	I THIS SP	ACE_	
								3	<ol> <li>Date Incorporated or C 06/11/1997</li> </ol>	ualified			
2. Principal P	lace of Business	S	2a.	Mailing Address				4	FEI Number			7	Applied For
21				26			1	65076	093	51		lot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5	. Certificate of Status De				Additional Required
City & State				City & State				6	Election Campaign Fina Trust Fund Contribution				May Be I to Fees
Zip		Country		Zip	C	ountry		8	. This corporation owes	or has paid	the curre	nt year li	ntangible
24	25	]	29		30				Personal Property Tax	due June 30	). 🔲	Yes	□ No
	9, Name an	d Address of Curr	ent Regist	ered Agent		1			). Name and Address of	New Regis	stered Ag	jent	
HE	RNANDEZ, CA	rlos f				81	Name						
1661 SW 19 TERR MIAMI FL 33145						82	Street /	Address (	P.O. Box Number is Not	Acceptable	)		
						[83]							
						84	City				FL	<b>85</b> Zip	Code
11. Pursuant office or ragent. I a	to the provisions egistered agent im familiar with,	s of Sections 607.0 t, or both, in the Sta and accept the ob	502 and 60 ite of Floric ligations of	07.1508, Florida Statu la Such change was Section 607.0505, F	utes, the authoria lorida S	above zed by tatutes	-named the corp	corporation's	on submits this statemen board of directors. I here	for the purp by accept t	pose of c	hanging ntment a	its registered s registered
SIGNATURE													
40	Signature, typed or p	orinted name of registered OFFICERS A			OTE Registe		nt signature		en reinstating) ADDITIONS/CHANGES		DATE	VIDECTO	DC IN 10
12.	DP	OF FICE HS A	IND DIREC	DELETE		TITLE	7	T	ADDITIONS/CHANGES	IO OFFICE	TO AND L	Change	
NAME	AZUCAR, R	OREDTO 1		Laj bricit	1	NAME					L	T C. William	
STREET ADDRESS		WBERRY FIELDS	WAV				ADDRESS						
CITY-ST-ZIP		TH FL 33463	וחוו			CITY-S							
TITLE	V V	1111 - 55-105		DELETE		TITLE	1-21	<del> </del>			Г	Change	Addition
NAME	AZUCAR, N	MARCO A		<del></del>	2.2	NAME	ì	Ì			_		_
STREET ADDRESS	6301 NE 4 AVE				23	2.3 STREET ADDRESS					J4.		
CITY-ST-ZIP	48444 #4					2. 4 CITY-ST-ZIP							
, TITLE	ST			DELETE	_	TITLE			<del></del>	<del></del>		Change	Addition
NAME	GALDAMEZ	LUCY R			3.2	NAME							
STREET ADDRESS						3.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 3					I. CITY - S		İ					
TITLE		<u> </u>		DELETE		TITLE		<del>                                     </del>			- 1	Channe	Addition

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.

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

4,3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CiTY-ST-ZIP

4.4 CITY-ST-ZIP

DELETE

DELETE

1-30-98

Addition

Addition