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

CORPORATION



FLORIDA DEPARTMENT OF STATE

FILED Mar 16 1998 8:00am

ANN	ANNUAL REPORT 1998		Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
		00052226	(2)				
7410111							<u> </u>
Principal Plac	e of Business	Mailing Address	·				1 4/11 1001
121 S.E. 1ST ST		121 S.E. 1ST ST					
STE 717 MIAMI FL 331	31	STE 717 Miami Fl 33131			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
	Place of Business	2a. Mailing Addres	S		06/12/1997 4. FEI Number	/ Apr	plied For
21 121 SE. 157. ST. 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				65-0760100		Applicable	
Suite, Apr. W. etc. State, Apr. W. etc. 27			ic.		5. Certificate of Status Desired	\$8.75 A Fee Red	
City & State City & State 23 M/4M1 - FL. 28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 / Added to	
Zip '2 i	Country	7p	Co	untry	8. This corporation owes or has paid the		
Zip 331	9, Name and Address of Cui	[29]	30	7	Personal Property Tax due June 30. 10. Name and Address of New Registe		No No
	IARELLO, ANTONIO	Hent Hegistered Agent		81 Name	10. Halle and Address of New Hogiste	Tou Ageilt	
	I S.E. IST ST			82 Street Add	fress (P.O. Box Number is Not Acceptable)		
STE 717				83			
MIZ	AMI FL 33131					- Inc. 1 25 A	
				84 City		FL 85 Zip C	
11. Pursuant office or r	to the provisions of Sections 607, egistered agent, or both, in the St	0502 and 607.1508, Florida tate of Florida. Such change	Statutes, the a was authorize	sbove-named cor ed by the corpora	poration submits this statement for the purpo ation's board of directors. I hereby accept the	se of changing its appointment as r	registered egistered
agent. I a	m familiar with, and accept the of	oligations of, Section 607,05	05, Florida Sta	atutes.			İ
SIGNATURE	Signature, typed or printed name of registeric			ed Agent signature requ		NTE	
12.	D	AND DIRECTORS	13. TE 1.1.7		ADDITIONS/CHANGES TO OFFICERS	Change	Addition \$
NAME	CHIARELLO, ANTONIO R		1.21	NAME			
STREET ADDRESS	121 S.E. 1ST ST		1.3 9	STREET ADDRESS			٤
CITY-ST-ZIP				STY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		<u></u>
TITLE		J DELE	1	ì		Change	Addition C
NAME STREET ADDRESS				NAME STREET ADDRESS			
CITY-ST-ZIP			1	City-SI-ZiP			1
TITLE		DILE				Change	Addition
NAME			•	NAME			1
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CITY+ST-ZIP TITLE		DELE		CITY - ST - ZIP		Change	Addition
NAME		D 01.00		NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				DITY-ST-ZIP			
TITLE		☐ DELF	1			Change	Addition
NAME			I -	LAME			1
STREET ADDRESS CITY-ST-ZIP				OTHEET ADDRESS OTY-ST-ZIP			-
TITLE		DFLE				Change	Addition
NAME			6.2 8				l
STREET ADDRESS			6.3 9	TREET ADDRESS			
CITY-ST-ZIP				iTY-ST-ZiP	6-2-140 67(0)(6) F1-13- 61-14-14		nformati
indicated	certify that the information supplier	e with this thing does not que	ality for the ex	emption stated in	Section 119.07(3)(i), Florida Statutes. I furthure shall have the same legal effect as if mad	ar cerury that the l	Haman

neme, annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a conserver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in which an address. indicated on this armual report or officer or director of the corporate Block 12 or Block 13 if changed,