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



COR A NNU	PROFIT PORATION JAL REPORT 1998	FLORIDA DEPARTI Sandra B. I Secretary DIVISION OF CO	Mortham of State	1	998 8:00am ry of State
	MENT # P9700	0052433 ELOPMENT INC.		. 1	
Principal Place	of Business	Mailing Address			
1925	BRICKELL AVE			DO NOT WRITE IN	I THIS SPACE
	D206			3. Date Incorporated or Qualified	797
2. Principal Pi	FLA. 33129 ace of Business	2a. Mailing Address		4. FEI Numper	Applied For
21		26 1925 BRICKEL	L AVE,	applea for	Not Applicable
Sulte, Apt.	#, e 1c.	Sime, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27 SUITE D 206	<u> </u>		Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip MIAMI FIA	Country	8. This corporation owes or has paid	
24	25	29 33129 3	USA	Personal Property Tax due June 30	
	Name and Address of Currer	nt Registered Agent		10. Name and Address of New Regis	stered Agent
BESU	ROGER		81 Name		
1925 BRICKELL AVE.				ress (P.O. Box Number is Not Acceptable)
SUITE D206					
	, FLA. 33129				
	•		84 City		FI 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Flyrida Statutes	, the above-named cor	poration submits this statement for the purtion's board of directors. I hereby accept	pose of changing its registered
agent.	antered agent, or both, in the state in familiar with, and accept the oblig	itions of, Section 607 0505, Florid	da Statutes.	mon's board of directors. Thereby accept to	the appointment as registered
SIGNATURE	- Ly	(-)		4	120/18
12.		of and this if applicable (NOTE F D DIRECTORS	Registered Agent eignature requ	ADDITIONS/CHANGES TO OFFICE	BS AND DIRECTORS IN 12
TITLE	(77 (77 (77 (77 (77 (77 (77 (77 (77 (77	DELETE	1.1 TITLE	700110110101111111111111111111111111111	RS AND DIRECTORS IN 12 Change Addition Addition Change Addition
NAME D/P	JAIME, CAMILO M.		1.2 NAME		7
STREET ADDRESS	1925 BRICKELL AVE	SUIRE D-206	13 STREET ADDRESS		lä l
CITY-ST-ZIP	Miami, fla. 3312	:9	1.4 C(TY+SI+Z)P		&
TITLE		☐ DELETE	21 TITLE		Change Addition C
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2 4 CITY - ST - ZIP 31 TITLE		☐ Change ☐ Addition
NAME		La section	32 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3 4. City - St - ZiP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
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TITLE		∐ DELET€	51 TITLE		Change Addition
NAME CONTEST ADDRESS			5.2 NAME		か ラ
STREET ADDRESS			5.3 STREET ADDRESS 5.4 City-St-Zip		5.1[]
CITY-ST-ZIP TITLE		☐ DELETE	61 TITLE		Change Addition
NAME		—	6 2 NAME	40 0002520	01 <u>9</u> 4
STREET ADDRESS			6 3 STREET ADDRESS	400002520 -05/12/9801042 ***150.00	2031

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 or an attachment with an address.

Morton

FILED