## 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

DOCUMENT #

**FILED** Mar 17 1998 8:00am Secretary of State

-	E31- MOTOR	c compa	νυψ			
Principal Place		Mailing Address				
6	WID SANTO	DA ST				
9	610 SANTO	- <del>/</del> -/ 2a			DO NOT WRITE IN TH	IC CDACE
ر	DRSI GADI	es. 17 33	144		DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualified	97
2. Principal Pla	ace of Ruemose	2a. Mailing Address			4 FEI Number	- <del> </del>
21	or business	26			59-3456241	Applied For
<del></del>	te, Apt. #, etc. Suite, Apt. #, etc.				91-31-0571	Not Applicable \$8.75 Additional
22	1 0.0.	27			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	7ip	Zip Country		8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	☐ Yes 💯 No
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registers	d Agent
بدار.	Man Al Dis	0 25	8	1 Name		·
34,10	74100 M. 100	enve	8	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
6	1400 M. PU. 610 SANTOI	UA ST.	Ľ	- ON-OUT / Kada	Total (1.6. Box Hamber to Hol Mosephasia)	
~~	1 /		8	3		
(V) 0	estables. T	1 33146	В	4 City	•	Ing. Zip Code
			0.	City	F	85 Zip Code
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the abo	ve-named corp	poration submits this statement for the purpose	of changing its registered
agent Lam	gistered agent, or boin, in the state i familiar with, and accept the obliga	di Florida: Such change was itions of Section 607.0505, F	aumonzea t Iorida Statuli	oy the corporat es.	tion's board of directors. I hereby accept the ap	opointment as registered
SIGNATURE						
51	ign <b>ature</b> (ypied or printed hame of registers diagn		IE Registered A	gent signature requi	red when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE PPS	Alvano M. Rue	AND DELETE	1.1 TOLE			Change
NAME	GOLD STONY A	6 <i>F</i> .	1.2 NAME			
STREET ADDRESS	Day Layla + layle		1.3 STREE	T ADDRESS		
CITY-S1-ZIP	COTAL GARAGE	M 37'TP	1.4 CITY-			
TITLE		☐ DÉLETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAMS			
STREET ADDRESS				T ADDRESS		
City-St-ZiP		T ocurre	2 4 CITY	· ST · ZIP		
TITLE		□ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME CTOCET ADDRESS			3.2 NAME			l
STREET ADDRESS			1	T ADORESS		ļ
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - 4.1 TITLE	S1-ZIP		Change Addition
1		L DECENT				L Change L Addition
NAME CIDELL ADDOCCE			4. 2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE			Change Addition
NAME		La Dittit.				Change
			5.2 NAME 5.3 STREET ADDRESS			(K2//2)
STREET ADDRESS						*/2// <del>-/</del>
CITY-ST-ZIP TITLE		☐ DELETE	5 4 CITY- 6 1 TITLE	51-712	000002460	Addition
NAME		L bittit	62 NAME		-03/18/9801003	-1320
STREET ADDRESS				1 ADDDCCC	***450.00	500
CITY-ST-ZIP				1 ADDRESS	***** 100,00	
MILL 21. CL			64 CITY-	31-711.		i

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Further certify that the information indicated on this 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 of instee 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.

SIGNATURE: