## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

1024 OW 142ND PLACE

PROFIT
CORPORATION
ANNUAL REPORT
1998

Principal Place of Business

FORE OW LEADED DURING

NAME STREET ADDRESS

NAME

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jul 13 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700055026 (3)

## LATITUDES SERVICES CORP.

Sulle, Apt. #, etc.    Sulle, Apt. #, etc.	MIAMI FL 3316	4	MIAMI FL 33184			
2. Principal Place of Business   2a. Mailing Address   4. Figh Number   Applied For   Not Applied For					DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business   2.e. Mailing Address   3. Mailing Address   4. Fig Number   Applied for   Applied for   Applied for   Not Applicable   2.	]				,	
Sulte, Apt. #, etc.    Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.					06/23/1997	
Sulte, Apt. #, etc.    Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   City & State   City & Country   Country   City & Country   City & Country   City & Cit	2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
City & State  Country  Zip  Country  Zip  Country  Zip  Zip  Country  Zip  Country  Sine corporation owes or has paid the current vear tapaging in Financing  Personal Property Tax to up Jun 30.  Sine and Address of Current Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Virence Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  11. Pursuant to the provisions of sections 607.0502 and 607.1508, Fiorida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. In finalization, and accept the obligations of, section 607.0505, Fiorida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In finalization and accept the obligations of, section 607.0505, Fiorida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In finalization and accept the obligations of, section 607.0505, Fiorida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In finalization and accept the obligations of, section 607.0505, Fiorida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In finalization and accept the obligations of, section 607.0505, Fiorida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In finalization and accept the obligations of, section 607.0505, Fiorida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. In finalization of, section 607.0505, Fiorida Statules, the above-	21		26		105-01/04006	Not Applicable
City & State  Country  Zip  No  Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  City  FL  B5  Zip Code  11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in femiliar with, and accept the collapidence of, section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent in femiliar with, and accept the collapidence of, section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent and accept the collapidence of, section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent and accept the collapidence of section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent and accept the collapidence of section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent and accept the collapidence of section 607.0505, Florida Statutes, t	Suite, Apt. #, etc. Suite, Apt.		Suite, Apt. #, etc.		\$ Contiferate of Status Declard   \$8.75	Additional
City & State   Country   City   Ci	22		27		5. Certificate of Status Desired Fee F	Required
28	City & State City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
9. Name and Address of Current Registered Agent  GOMEZ, JULE 1034 SW 142ND PLACE MIAMI FL 33184  10. Name and Address of New Registered Agent  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83	28		28			
9. Name and Address of Current Registered Agent  GOMEZ, JULE 1034 SW 142ND PLACE MIAMI FL 33184  10. Name and Address of New Registered Agent  81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83	Zip į	Country	Zip	Country	8. This corporation owes or has paid the current year in	ntangible
GOMEZ, JULE 1034 SW 142ND PLACE MIAMI FL 33184  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City FL B5 Zip Code  11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered signal, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE Signalize, System or printed name of registered agent and title if applicable (NOTE: Registered Agent stynature required when reinstating) DATE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE DO DELETE 1.3 TITLE 1.3 STREET ADDRESS CITY-ST2/P  MAME 1.3 STREET ADDRESS MIAMI FL 33184  1.4 CITY-ST2/P  TITLE 1.5 SERRANO, AL 1.5 STREET ADDRESS MIAMI FL 33184  1.6 City FL Addition 1.7 STREET ADDRESS CITY-ST2/P  TITLE 1.7 STREET ADDRESS CI	24	25	29	30	Personal Property Tax due June 30.	<b>√</b> ] No
NIAMI FL 33184  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City  FL 85 Zip Code  11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered spent. I am femiliar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  Signature, hyself or present name of registered spent and their applicable. (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS 1.1 TITLE  OFFICERS AND DIRECTORS 1.1 TITLE  DELETE  1.1 TITLE  DOBLEZ, JULIE  1.2 NAME  1.3 STREET ADDRESS  CITYST2JP  MIAMI FL 33184  1.4 CITYST2JP  Addition  SERRANO, AL  2.2 NAME  2.3 STREET ADDRESS  CITYST2JP  MIAMI FL 33184  2.4 CITYST2JP  TITLE  DELETE  3.1 TITLE  Change  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Change  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES  CITYST2JP  ADDITIONS/CHANGES  ADDITIONS/CHANGES  CITYST2JP  ADDITIONS/CHANGES  ADDITIONS/CHANGES  CITYST2JP  ADDITIONS/CHANGES  ADDITIONS/CH		9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registered Agent	
1034 SW 142ND PLACE MIAMI FL 33184  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City FL 85 Zip Code  11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 1 hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 1 hereby accept the appointment as registered office or registered agent and city of a special statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  11TILE  DELETE  11 TITLE  DO Change Addition  13. STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  21 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31 TITLE  DELETE  31 TITLE  DELETE  31 TITLE  Change Addition  Change Addition  Addition  Addition  Change Addition  Change Addition  Addition  Change Addition  Change Addition  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  Change Addition  Change Addition  Change Addition  Change Addition  Addition  ADDITIONS/CHANGES (CITY-ST-ZIP)  TITLE  ADDITIONS/CHANGES (CITY-ST-ZIP)  Change Addition  Change Addition  Addition  Change Addition  ADDITIONS/CHANGES (CITY-ST-ZIP)  ADDITIONS/CHANGES (CITY-ST-ZIP)  Addition  Change Addition  Change Addition  Change Addition  Change Addition  ADDITIONS/CHANGES (CITY-ST-ZIP)  Addition  Change Addition  Change Addition  Change Addition  CHANGE ATTHE ADDITIONS/CHANGES (CITY-ST-ZIP)  ADDITIONS/CHANGES (CITY-ST-ZIP)  ADDITIONS/CHANGES (CITY-ST-ZIP)  ADDITIONS/CHANGES (CITY-ST-ZIP)	GOI	MEZ, <b>JU</b> LIE		81 Name		
MIAMI FL 33184  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered egent, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  Signatum, hyerd or printed name of registered agent and tible if applicable (NOTE: Registered Agent alphature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  OGNIEZ, JULIE  13. STREET ADDRESS  OTIVIST-ZIP  DELETE  13. STREET ADDRESS  MIAMI FL 33184  14. CITYST-ZIP  DELETE  21. TITLE  DATE  Change Addition  Addition  STREET ADDRESS  MIAMI FL 33184  DELETE  31. TITLE  22. STREET ADDRESS  MIAMI FL 33184  DELETE  33. STREET ADDRESS  MIAMI FL 33184  10.34 SW 142ND PLACE  23. STREET ADDRESS  MIAMI FL 33184  DELETE  33. STREET ADDRESS  MIAMI FL 33184  ACITYST-ZIP  Change Addition  Addition  ANAME  STREET ADDRESS  ACITYST-ZIP  Addition  AMME  STREET ADDRESS  ACITYST-ZIP  Addition  ANAME  AS STREET ADDRESS  ACITYST-ZIP  ADDITIONS/CHANGES COPPICERS AND DIRECTORS IN 12.  Change Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES COPPICERS AND DIRECTORS IN 12.  Change Addition  Addition  Addition  ADDITIONS/CHANGES COPPICERS AND DIRECTORS.  Addition  ADDITIONS/CHANGES COPPICERS AND DIRECTORS.  ADDITIONS/CHANGES COPPICERS AND DIRECTORS.  ADDITIONS/CHANGES COPPICERS AND DIRECTORS.  ADDITIONS/CHANGES COPPICERS AND DIRECTORS.  ADDITIONS/CHANGES COPPICERS  ADDITIONS/CHANGES COPPICERS  ADDITIONS/CHANGES COPPICERS  ADDITIONS/CHANGES COPPICERS  ADDITIONS/CHANGES COPPICERS  ADDITIONS/CHANGES				82 Street Ad	tress (P.O. Box Number is Not Acceptable)	
### City ### City ### City ### Zip Code  11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent with the purpose of changing its registered agent signature. The purpose of changing its registered agent signature regulated when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11 TITLE  12 NAME  13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12 NAME  1034 SW 142ND PLACE  13 STREET ADDRESS  CITY-ST-ZIP  14 CITY-ST-ZIP  104 SW 142ND PLACE  23 STREET ADDRESS  CITY-ST-ZIP  105 DELETE  31 TITLE  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  106 DELETE  41 TITLE  42 NAME  33 STREET ADDRESS  CITY-ST-ZIP  11 TITLE  12 Change  Addition  Add	MIA	MI FL 33184		SE OTIOGE AU	21000 (1.10) BOX (Hallibol to Hot Mocophidale)	
## Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, i hereby accept the appointment as registered agent, arm familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  ### SIGNATURE    Signature, hysed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE				B3		
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SIGNATURE   Signalum, typed or printed name of registered agent and tibe if applicable   (NOTE Registered Agent algorithme required when reinstating)   DATE	11. Pursuan	t to the provisions of sections 607.0	502 and 607 1508 Florida Statute	es the shove-named corr		registered
SIGNATURE   Signalum, typed or printed name of registered agent and tibe if applicable   (NOTE Registered Agent algorithme required when reinstating)   DATE	office or	registered agent, or both, in the Sta	ate of Florida. Such change was	authorized by the corpora	tion's board of directors. I hereby accept the appointment as	registered
Signalum, typed or printed name of registraria agent and title if applicable   (NOTE: Registered Agent alignature required when reinstating)   DATE			digations of, section 607,0505, FI	orida Statutes.		
TITLE OOFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE OOMEZ, JULIE 12 NAME STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 1.3 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 2.2 NAME STREET ADDRESS 1034 SW 142ND PLACE CITY-ST-ZIP TITLE D DELETE 3.1 TITLE DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIGNATURE		agent and title if applicable (N	OTE: Registered Agent signature re	outred when reinstating) DATE	
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1034 SW 142ND PLACE	NAME	GOMEZ, JULIE		1.2 NAME	Change	
A CITY-ST-ZIP						
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	STREET ADDRESS	1				
				4.3 STREET ADDRESS		
	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 longuary promental 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 co-coration with 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 in the attachment with an address.

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP -07/14/98--01027 \*\*\*150.00



## July 3, 1998

To whom it may concern:

I am sending a check for \$150.00 I have sent a check a few months ago and you never received it now I'm Sending this check overnight.

Hank your South.

Juli N. Homes Bor) 2299617