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

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

May 18 1998 8:00am Secretary of State

| Principal Plac | THEDIUM MULTITASKING IN THE OF Business H KENDALL DRIVE | Mailing Address P.O. BOX 831507 MAM FL 33283 | · | <u></u> | | |
|---|---|--|---|---|--|--|
| MIAMI FL 33176 | | 77.77.77.7 | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualified 07/01/1997 | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | 4. FEI Number | Applied For |
| 21 | | 26 | | The Hamber | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt #, etc | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & Stato | | City & State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Coun | try | 8. This corporation owes or has paid the cu | |
| 24 | 25 | 29] | 30 | | Personal Property Tax due June 30. | Yes No |
| 9, Name and Address of Current Registered Agent | | | | | 10. Name and Address of New Registered | Agent |
| | MERILAWYER CHARTERED | | 8 | 11 Name | | |
| 343 ALMERIA AVENUE CORAL GABLES FL 33134 | | | 8 | 2 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| | SIVE CADECO I E CO 104 | | 8 | 3 | | |
| | | | - | | | 11 |
| | | | | City | FL | |
| 11. Pursuant office or r agent. La SIGNATURE | to the provisions of Sections 607.0502 a registered agent, or both, in the State of im familiar with, and accept the obligate | ind 607 1508, Florida Statu Florida. Suith change was ins of, Section 607 0505, F | tes, the abo authorized lorida Statut | ove-named cor by the corpora les. | rporation submits this statement for the purpose of ation's board of directors. I hereby accept the applications is a superior of the second state | of changing its registered pointment as registered |
| SIGIVATORE. | Signature typest or printed name of registers a aperit a | The state of the s | t Registered / | igent signature requ | uired when reinstating) DATE | |
| 12. | OFFICERS AND L | | 13. | | ADDITIONS/CHANGES TO OFFICERS AN | |
| TITLE | JOSEPH, CEDRIC A | ☐ DELETE | 1 1 TIFLE | | | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | 11203 NORTH KENDALL DRIVE | | 1.2 NAM | 1 | | |
| CITY-ST-ZIP | MIAMI FL 33176 | | 4 | ET ADDRESS | | |
| TITLE | TO | DELETE | 1.4 CHY 2.1 THE | | | Change Addition |
| NAME | Rodriguez, Veronica | • | 2 2 NAM | i | | |
| STREET ADDRESS | 11203 NORTH KENDALL DRIVE | | 2.3 STRE | ET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33176 | | 2 4 CiTY | '-\$1-7IP | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | Change Addition |
| NAME | | | 3.2 NAM | E | | |
| STREET ADDRESS | | | 3.3 STRE | E1 ADDRESS | | |
| CITY-ST-ZIP | | Dourse | | - ST - 21P | | |
| TITLE | | L DELETE | 4.1 1811.6 | | | Change Addition |
| NAME STREET ADDRESS | | | 4. 2 NAM | | | |
| CITY-ST-ZIP | | | 4.4 CITY | ET ADDRESS | | |
| TITLE | | DELETE | 5.1 HTLE | | | Change Addition |
| NAME | | - | 5.2 NAM | | | |
| STREET ADDRESS | | | | F1 ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY | 1 | | |
| TITLE | | DELETE | 6.1 TITLE | | | Change Addition |
| NAME | | | 6.2 NAMI | | | |
| STREET ADDRESS | | | 6.3 STRE | F1 ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY | · ST · ZIP | | |

14. Thereby certify that the information supplied with this filling 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 supplience tall annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or freshee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or an uttackey by with an address.