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

FILED Feb 11 1998 8:00am Secretary of State

i	MENT # P9700 DL, INC.	0057993 (2)	•		
Principal Place of Business Mailing Address					·
,	HIBISCUS DR.	112 SOUTH HIBISCUS DR. MIAMI FL 33139-5130			
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address					06/30/1997 4. FEJ Number Applied For
21		26			65-0767486 Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		SR 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Z ₍ p 29	Countr 30	y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ANO
	9. Name and Address of Curre	ent Registered Agent		٦.,	10. Name and Address of New Registered Agent
	NGEN, HILARY		81	Name	
· -	2 SOUTH HIBISCUS DR.		82	Street Address (P.O. Box Number is Not Acceptable)	
MU	AMI FL 33139-5130		83		
			0.3		
			84	City	FL 85 Zip Code
11. Pursuant office or a agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the Statam familiar with, and accept the obli	02 and 607.1508, Florida Statute of Florida Such change was gations of, Section 607.0505, F	ites, the abov authorized b lorida Statute	e-named y the corp s.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a				e required when reinstating) DATE
12.	7 · 	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE		1.1 TITLE		Change Addition
NAME	RAVILLY, PATRICK 112 SOUTH HIBISCUS DR.		1.2 NAME		
STREET ADDRESS	MIAMI FL 33139-5130		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	D	DELETE			Change Addition
NAME	GARRIDO, ELIANA L		2.2 NAME		ELIANA LOPEZ GARRIDO
STREET ADDRESS			2.3 STREE	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33139-5130		2. 4 CITY -	ST-ZIP	
TITLE	0	☐ DELET é	3.1 TITLE		Change Addition
NAME	WEIL, MARTIN		3.2 NAME		
STREET ADDRESS	710 000111 111010000 01111		3.3 STREE	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33139-5130		3.4. CITY-	S1 - ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET		
CITY-ST-ZIP TITLE		DELETE	44 CITY-S 51 TITLE	31-ZIP	☐ Change ☐ Addition
NAMÉ		Detert	5.2 NAME		Crisings (Position
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 City - 9		
TITLE	□ DELETE		6.1 THTLE	-	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP			6.4 CITY - 5		
14. I hereby o	certify that the information supplied v	with this filing does not qualify t	or the exemp	tion stated	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report or suppliermental 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 on an attachment with an address.