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

PROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

**FILED** May 20 1998 8:00am Secretary of State

1. Corporatio	MENT # SENICES				TING !	, NC ·		
Principal Place of Business Mailing Address								
LAGO	•	BIND :	#128 18		Sous' E		174	
1000	ALIA DOUGL			•	•	•	149	
N. MIAMI FL 33181 N. MIAMI FL 33181						DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified	
Dringing   D	Dione of Chairman						7-2-97	
2. Principal Place of Business				ig Address ならら N	EZNP	as/	4. FEI Number 65-0769969	Applied For
Suite, Apl. #. etc.				Suite. Apt. #. etc.			45-0165454	Not Applicable
22 Oh 6 Oh			<u>-</u>	27			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
Uity & Stat	te		State.			Election Campaign Financing		
23			array sa	28 MIAMI FL			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	<b>Zip</b> Country			Zip Country			8. This corporation owes or has paid the	
24	25	29	33138	30 US	A	Personal Property Tax due June 30.  Yes No		
	9. Name and A	ddress of Cur	rent Registered /	Agent			10. Name and Address of New Registe	red Agent
₽-	· FLEUR	, JAM	ES		81	Name		
- ,					62	Street Addr	ress (P.O. Box Number is Not Acceptable)	
16	300 SAN	Souc's	Brad. 1	126		<u> </u>		
<b>.</b> 1	L ANGAM	1 (2)	3318	<b>2</b> 2 1	83			
r	i. //ii//	1	2 216	01	84	City		85 Zip Code
						'		FL   '  '
Office or r	10 <b>the</b> provisions of registered agent, or Im f <b>a</b> miliar with, and	both, in the St	ale of Florida, Suc	:h change wa	is authorized b	y the corporat	ooration submits this statement for the purpo tion's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE	Signature, typed or printo	d name of sour toron	north and little it shall no	dala. /b	(C)TE Designation to	and placed and and all	red when reinstating) DA	
12.	Composition : type of the failure		AND DIRECTORS		13.	ont signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
	PTSDO			DELETE	1,1 TITLE		ACCITIONO PARALO TO OTTOCHO	Change Addition
NAME	SAINT FLOUR, JAMES		1.2 NAME					
STREET ADDRESS				1.3 STREET ADDRESS				
CITY-ST-ZIP	N. MIAMI			1.4 CITY- S	ST-ZIP			
TITLE				DELETE	2.1 TITLE			Change Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-ST-ZIP					2. 4 CITY-	ST-ZIP		
TITLE				DELETE	3.1 TITLE			Change Addition
NAME	1E			3.2 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				
STREET ADDRESS					4.3 STREET	ADDRESS		
CITY - \$T - ZIP			·	· <del>[-1</del>	4.4 CITY - S	IT - ZIP		
TITLE	l			DELETE	5.1 TITLE			Change Addition
NAME	1			5.2 NAME			か	
STREET ADDRESS	is		5.3 STREET	ADDRESS		2, 27		
CITY-ST-ZIP		···		05:575	5.4 CITY-S	T-ZIP		
TITLE				DELETE	6.1 TITLE		100000000	Change Addition
NAME					62 NAME		100002532; -05/22/9801020	-025
STREET ADDRESS					63 STREET		***150.00	023
City-St-ZiP	pertify that the inform	nation supplied	with this filing do	no not evialit	6.4 CiTY-S		マネオーラリ。リリ Section 119.07/3Vi) Florida Statutae I furthe	or anglifu that the !- !- !- !!

indicated on this annual report or supplied with this hing does not quanty for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplicmental 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 outrustoe 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 attaching a with an address.