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 #

Principal Place of Business Mailing Address 1811 SW 13TH STREET 1811 SW 13TH STREET MIAMI FL 33145 MIAMI FL 33145							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/03/1997				
2. Principal Place of Business		2a. Mailing Address				4. F	El Number 6 5 - 077	1001	/ AF	oplied For	
21		26					6 V-0/1	1807		ot Applicabl	
Suite, Apt. #, etc.		Suite, Apt #, etc.				5. C	Certificate of Status Desired	ı 🗆	\$8.75 / Fee Re	Additional souired	
City & Stat 23	Ө	City 8	City & State				lection Campaign Financir)g	\$5.00 Added 1	May Be	
Zip	Country	Zip		Counti	ry		8. T	his corporation owes or ha			
24	25		29 30					Personal Property Tax due] No
	9. Name and Address of Cur	rent Registered	Agent			Vame	10. M	Name and Address of New	v Registered	Agent	
evit.	AMI FL 33145			8:	L	City				85 Zip (Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.0 egistored agent, or both, in the Starn familiar with, and accept the ob-			utes, the above authorized befored Statute					he purpose occept the ap		s registered registered
12.		AND DIRECTORS		13.	3 0/11 1	- griding reduce		DITIONS/CHANGES TO C		D DIRECTOR	S IN 12
TITLE	PS	PS DELETE		1.1 TITLE						Change	Addition
NAME	DOTEL, JULIO Y	1.3		1.2 NAME	1.2 NAME						
STREET ADDRESS	1811 SW 13TH STREET			1.3 STREE	T ADI	DRESS					
CITY-ST-ZIP	MIAMI FL 33145		1.4 CITY	1.4 CITY-ST-ZIP							
TITLE			DELETE	2.1 TITLE						Change	Addition
NAME				2.2 NAME	:	Ì					
STREET ADDRESS				2.3 STREE	ET ADO	DRESS					
CITY-ST-ZIP				2. 4 CITY	- \$1 - 2	ZIP					
TITLE			DELETE	3.1 TITLE						Change	☐ Addition
NAME				3.2 NAME		}					
eterry anothere				0.0 07000		NATION					

CITY-ST-ZIP 6.4 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 or supplemental 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.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-2IP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

NAME

TETLE

NAME STREET ADDRESS

TITLE

NAME

DELETE

DELETE

DELETE

Change

Change

Change

☐ Addition

Addition

Addition

FILED

May 04 1998 8:00am

Secretary of State