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 Jul 28 1998 8:00am Secretary of State

DOCU 1. Corporatio	MENT on Name	# P9700	00C	5902	<u>24 (4</u>	•)						
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												AH BAH BAH
Principal Plac	e of Busines			Mailing Ad	dress				- 198461 119 1911 1811 8811 8811 8		I j iblik boike it	
					107 COURT							
MIAMI FL	or goom			MIAMI FL	107 000111					-a		
									DO NOT WRITE	INTHIS	SPACE	
									3. Date Incorporated or Qualified			
2. Principal P	lace of Busin	ess	1 2	2a. Mailing Address					07/07/1997 4. FEI Number		I [A.	pplied For
21				26 POBOX 145482					65-0843	23	5 N	ot Applicable
Suite, Apt.	#, etc.			Suite, Apl. #, etc.					5. Certificate of Status Desired		\$8.75	Additional
22			27	27					5. Certificate of Status Desired		Fee R	beriupe
City & Stat	Θ		ļ	City & State					6. Election Campaign Financing			May Be
23				28 CODA/GAbles, +/				/ •	Trust Fund Contribution			to Fees
Zıp		Country	-	7.p	114		! ! S. A.		B. This corporation owes or has particular than the second of the seco	_		tangible ∃ No
24 25 29 33/14 3 9. Name and Address of Current Registered Agent							(5,/2.		Personal Property Tax due June 10. Name and Address of New Re			
DA			-			8	1 Name		4		7	
PACHECO, DILMA 13805 SW 107 COURT							2 Street	Addis	fraiv fler ess (P.O. Box Number is Not Accepta	VAN	9 × Z	
MIAMI FL							5	83	96 SW 4/1	5.		
*****						8						
						8	4 City				85 Zip	Codo
							1 ',	14	AMI	FL	1 123	3155
11. Pursuant	to the provisi registered an	ons of Sections 607.0	502 and	607.1508, rida Such	Florida Stat	utes, the abo	ive-named	corpo	oration submits this statement for the pon's board of directors. I hereby accellate	purpose of	changing it	ts registered
agent. La	m familiar wi									~~	/ * 3	13.01
SIGNATURE	Signatore, Type	Mark	Fir	AIN 1	FEYNAL	1dez			d when reinstating)	0/-	-17-	98
12.	Signatore, types	OFFICERS A	AND DIR	CIORS	(140	13.	igent signature		ADDITIONO DI MANOCO TO OFCI	OFFICE AND	DISCOTOR	20.01.40
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CITY-ST-ZIP						4.4 CITY	-ST-ZIP	<u></u>				
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NAME						5.2 NAME	E	1	10000260 -07/31/98010	12 - 01	6	
STREET ADDRESS						5.3 STRE	et address		***150.00			
CITY-ST-ZIP		 ,			Drieve	5.4 CITY		ļ	- man exclusive and described		T 10:	1 4 100
TITLE				ι	DELETE	61 TITLE					☐ Change	Addition
NAME						6.2 NAME) " AL
STREET ADDRESS							ET ADDRESS					JAIN
CITY-ST-ZIP	natify that the	information supplied	Lauith Osia	films dos	not avalde	64 CITY		dice	Section 110 07/3Vi) Florida Statutos	further on	reif that the	information

I nereby 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 suppliemental 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 truesce empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 0, or on an attachment with impuddress.

SIGNATURE:

04-27-98