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

PROFIT CORPORATION ANNUAL REPORT

1008



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 15 1998 8:00am Secretary of State

Principal Plac 1107 MW 184 PEMBROKE I 2. Principal P 21 Suite, Apt.	OP, INC. e of Business t TERRACE PINES FL 33029 lace of Business #, etc.	Mailing Address 1107 NW 184 TERRACE PEMBROKE PINES FL 3 2e. Mailing Address 26 Suite, Apt. #, etc. 27		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 07/11/1997 4. FEI Number 65-0765794 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required
City & State	•	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	8. Name and Address of Current	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
T	DLOMEO, ANTHONY J	r registered Agent	81 Name	IV. Hame and Address of New Neglistered	Våair
	07 NW 184 TERRACE				
PEMBROKE PINES FL 33029			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
_				Fl	→ ' '
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE					
12.	Signature, typied or printed name of registered ager OFFICERS AND		E: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	☐ DELÉTE	1.1 TITLE	The state of the s	☐ Change ☐ Addition
NAME	TOLOMEO, ANTHONY J		1.2 NAME		
STREET ADDRESS	1107 NW 184 TERRACE		1.3 STREET ADDRESS		[2
CITY-ST-ZIP	PEMBROKE PINES FL 33029		1.4 CITY-ST-ZIP		
TITLE	VSD	DELETE	2.1 TITLE		☐ Change ☐ Addition €
NAME	HILL, C.A.		2.2 NAME		
STREET ADDRESS	1107 NW 184 TERRACE		2.3 STREET ADDRESS		1
CITY-ST-ZIP	PEMBROKE PINES FL 33029 CEOD	DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE NAME	DEGASPERI, ALEJANDRO	בן טבנבונ	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS	1107 NW 184 TERRACE		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33029		3.4. CITY-ST-ZIP		
TITLE		DELĒTE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP		DELETE	5.4 CiTY-ST-ZIP		Change Addition
TITLE NAME		C) breeze	6.1 TITLE 6.2 NAME		C Change C Rodinoli
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		
	ertify that the information supplied wil	h this filing does not qualify fo	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further of	ertify that the information

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.

LA) ThOMY J. TOLOME

/KZEUS4 (10/97)