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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000065745 (6)

MARIA BETANCOURT, ATTORNEY AT LAW, P.A.

Principal Place of Business

Mailing Address

515 WHITEHEAD ST

CITY-ST-ZIP

515 WHITEHEAD ST

Jun 17 1998 8:00am Secretary of State



KEY WEST FL 83040 KEY WEST FL 33040 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/30/1997 2. Principal Place of Business 26. Mailing Address Applied For 21 515 Whitehead Street 26 515 Whitehead St Not Applicable Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BETANCOURT, MARIA 515 WHITEHEAD ST 82 Street Address (P.O. Box Number is Not Acceptable) KEY WEST FL 33040 83 84 City 85 Zip Code 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 Horida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 12 ÖFFICERS AND DIRI CTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 🔲 berejê TITLE 1.1 TOLE Change Addition tresident NAME 1.2 NAME MAKIA BEHALCOURT 515 White head street west, Florida 33040 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-7IE 1.4 CITY - ST - 7IP TITLE 2.1 TITLE Change Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST-ZIP 2. 4 CITY+ ST-ZiP DÉLETE TITLE 3.1 TITLE Change Addition NAME **3.2 NAME** STREET AUDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 C(1Y+S1-Z)P DELLIE TITLE 4.1 TO LE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP DELETE TITLE 5 1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE TITLE 61 TALE Change Addition 400002564134 NAME 6.2 NAME -06/18/98--01050--002 STREET ADDRESS 6.3 STREET ADDRESS ***150,60

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 eath; that I am an officer or director of this corporation or the measure or trustee corporated to execute this report as required by Chapter 607/Florida Statutes; and that my name appears in ,13 if changed, or on an attachment with an address. 305-294-4834

6.4 CITY - S1 - ZIP

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