## 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** May 26 1998 8:00am Secretary of State

DOCU	MENT # <b>P97000</b>	069633 (0)			
	S FOUNDATION, CORP.	` '			
					<b>.</b>
Principal Place of Business		Mailing Address		1881/1881 118 1814 1881 1881 1881 1881	E BINTO 18618 BAIRD NIBO NIN 1881
7816 N.E. 2ND AVENUE		7816 N.E. 2ND AVENUE			
MIAMI FL 33138		MIAMI FL 33138			
				DO NOT WRITE IN TI	HIS SPACE
				3. Date Incorporated or Qualified 08/11/1997	
2. Principal Place of Business		2a. Mailing Address	_ <del>.</del>	4. FEI Number	Applied For
21		26		<b></b> (2.733.123	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	to	Cily & Stale		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζ(p)	Country 30	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current year Intangible
12-71	9. Name and Address of Current F			10. Name and Address of New Registe	
MOMPREMIER, JACQUES B1 Na			81 Name		
12595 N.E. 7TH AVENUE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
NORTH MIAMI FL 33161			83		<u> </u>
			<b>A4</b> 00		
			84 City		EL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, or the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.					
agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, type for printer manie of response real aspents	continuit appole able (NOTE	: Progistered Agent signature requi	red when reinstating) DA	16
12.	OFFICERS AND I	OIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	LUBIN, MICHEL		1 2 NAME		
STREET ADDRESS	7825 N.E. 2ND AVENUE		13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33138 VPD	DELETE	14 ÇITY - ST - ZIP		
TITLE NAME	MOMPREMIÈR, JACQUES REV.	[""] DETEIL	2 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	12595 N.E. 7TH AVENUE	`.	2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI FL 33161		2 4 City-St-ZiP		
TITLE	10	DELETE	3.1 TITLE		Change Addition
NAME	ST. PREUX, ESTHER		3.2 NAME		·
STREET ADDRESS	2631 N.E. 211TH TERRACE		3 3 STREET ADDRESS		
CITY-\$T-ZIP	N. MIAMI BEACH FL 33180		3 4. CITY - \$1 - ZIP		
TITLE	SD	☐ DELFTE	4 1 TITLE		Change Addition
NAME	CELESTIN, MARIE CLAIRE		4. 2 NAME		
STREET ADDRESS	12125 N.W. 17TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33167	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME	LOUIS, JACQUELINE J		5.7 TITLE 5.2 NAME		C Outside C Manifoli
STREET ADDRESS	12210 NORTH MIAMI COURT		5.3 STREET ADDRESS		
CITY-S1-ZIP	MIAMI FL 33167		5.4 CITY - SI - ZIP		
TITLE		DELETE	61 THLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby 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 logal 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 13 if classified, or on an attachment with an address