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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 10 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000070666 (7)

Principal Place of Business Mailing Address 330 SW 27 AVENUE. 330 MEDICO SUITE 708 MIAMI FL 33135 MIAMI FL 33135			: 330 MEDICO	DO NOT WRITE IN TH	
				3. Date Incorporated or Qualified	
2. Principal Pl	ace of Business	2a. Mailing Address		08/14/1997 4. FEI Number	Applied For
21		26		65-0776668	Not Applicable
Suite, Apt.	V, etc	Suite, Apt #, etc	·	5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	•	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _I p	Country	28	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Current	Registered Agent		10. Name and Address of New Register	red Agent
TOF	RRES, EZEQUIEL		81 Name		
	SW 27 AVENUE		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
	TE 708		83		
MIA	MI FL 33135				
			84 City		85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0502	and 607.1508, Florida S	italules, the above-named corpora		
SIGNATURE				poration submits this statement for the purpos tion's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE	o the provisions of Sections 607 05/02 gistored agent, or both, in the State of familiar with, and accept the obligat Signature, specific pointed name of region test agent OFFICERS AND	and this It applicable	istatules, the above-named corporal statules, the above-named corporal 5, Florida Statules. (NO1L: Registered Apont signature requirements) 13.	poration submits this statement for the purpos tion's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE .	Signature, typed or printed curie of regain red agent OFFICE HS AND PVSD	and this It applicable	INOTE: Registered Agent signature requi	poration submits this statement for the purposition's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE	Signature, typical or product name of region real agent OFFICERS AND PVSD TORRES, EZEQUIEL	not title Rapplicable DIRECTORS	INOTE: Registered Agent signature requi	poration submits this statement for the purposition's board of directors. I hereby accept the	ie of changing its registered appointment as registered re AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typical or product native of region real agent OFFICE HS AND PVSD TORRES, EZEQUIEL 330 SW 27 AVENUE STE 708	not title Rapplicable DIRECTORS	INO1E Registered Agent signature requirements 13.	poration submits this statement for the purposition's board of directors. I hereby accept the	ie of changing its registered appointment as registered re AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typical or product name of region real agent OFFICERS AND PVSD TORRES, EZEQUIEL	a school Rappleculate DIRE CTORS DELETE	13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	poration submits this statement for the purposition's board of directors. I hereby accept the	ie of changing its registered appointment as registered re AND DIRECTORS IN 12 Change Addition
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14. Thereby certify that the information supplied with this fling 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 registrous or trusted 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. An attricument with an address.