## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

_	MENT # P9700 MINHMARKET & CAFETER	• •		( )
Principal Place of Business		Mailing Address	NPCT.	
4800 WEST FLAGLER STREET SUITE 213		4800 WEST FLAGLER STE SUITE 213	1221	
MIAMI FL 33134		MIAMI FL 33134		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 08/25/1997
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		65-0777583 Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr			10. Name and Address of New Registered Agent
	CON, RAIZA		81 Name	·
4800 WEST FLAGLER STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)
SUITE 213				
MIAI	MI FL 33134		83	
			84 City	FL 85 Zip Code
SIGNATURE	Signature, typed printed name of registered a	)	NOTE: Registered Agent signature rec	oration submits this statement for the purpose of changing its registered cion's board of directors. I hereby accept the appointment as registered support the appointment as registered support of the purpose of changing its registered support of changing its registered support of changing its re
TITLE	D	DELETE	1,1 TITLE	Change Addition
NAME	CHACON, RAIZA		1.2 NAME	Change /Wallon
STREET ADDRESS	4800 WEST FLAGLER STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33134		1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE			3.4 CITY-ST-ZIP 4.1 TITLE	
NAME		L_] DELETE	4.2 NAME	Change Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE	-	DELETE	5.1 TITLE	Change Addition
NAME		L_J DELETE	5.2 NAME	L Change L Adulut
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME	1		6.2 NAME	_
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	1		6.4 CITY-ST-ZIP	

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, of on an attackment with an address.

Magadlanish recurred

8/20/91

**FILED** 

Aug 26 1998 8:00am

Secretary of State