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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS					Secretary of State				
i i	MENT # P97000	0075723 (1)							
Principal Place		Mailing Address				- F (09)(09) ISB (05)(108)(08)() 081)(0	1014 00141 1001	11 1 1111 (1910	1400\$
4805 NW 79T MIAMI FL	H AVE	4805 MW 79TH AVE Miami Fl			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified			
2. Principal Pl	ace of Business	2a. Mailing Address				09/02/1997 4. FEI Number			Applied For
21		26				65-0778098		!	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	28	Count	ry		8. This corporation owes or has p	aid the cur		
24	25		30			Personal Property Tax due Jun		= ::	□ No
	9. Name and Address of Current	Hegistered Agent	8	1 Na	me	10. Name and Address of New R	egistered /	Agent	
SUAREZ, CONSTANTIO 4805 NW 79TH AVE						ess (P.O. Box Number is Not Accepta	hla)		
MIAMI FL					or Addit	200 (1.0. DOX Normbor is Nor Nocopie			
·			8	3					
			8	4 City	<i>t</i>		FL	85 Zip	Code
11. Pursuant t	o the provisions of Sections 607.0502 egisterod agent, or both, in the State on familiar with, and accept the obligat	and 607.1508, Florida Statules of Florida. Such change was au	s, the abouthorized I	ve-nam	ed corporati	oration submits this statement for the on's board of directors. I hereby acce	purpose of	changing cintment a	its registered is registered
agent. i ar SIGNATURE	n familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statut	es.					
	Signature, typed or printed name of registered agent			igent sign	ature require	od when reinstating)	DATE		
12.	OFFICERS AND	DIRLCTORS DELETE	13.		 1	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTO Change	
NAME	SUAREZ, CONSTANTINO			1.1 TITLE 1.2 NAME				☐ Cliange	MOUIIION
STREET ADDRESS	9321 SW 100TH AVE ROAD			1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33176		1.4 City-St-ZiP		1				
TITLE	☐ DELETE :				\top			Change	Addition
NAME			2.2 NAM	E					
STREET ADDRESS			2.3 STRE	ET ADDRE	ss				
CITY-ST-ZIP		T at the		- \$1 - ZIP				100000	1.2466
TITLE		☐ DELETE	3.1 TITLE		-			Change	Addition
NAME Street address			3.2 NAM	t FT ADDRE	oc				
CITY-ST-ZIP				'-ST- Z IP	»				
TITLE		DELETE	4 1 TITLE		_			Change	Addition
NAME			4.2 NAM	1E					
STREET ADDRESS			4.3 STRE	ET ADDRE	ss				
CITY-ST-ZIP			4.4 CITY	- ST- 7IP	_				
TITLE		DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAM		.				1
STREET ADDRESS				ET ADDRE	22				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY -					Change	Addition
NAME		= 000 to 000 to 000	6.2 NAM						
STREET ADDRESS				et addre	ss				
			3.0 DIPIL						

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 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 trustoe 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.

SIGNATURE:

CONSTANTINE SUADIZ

06/02/98

FILED

Jun 11 1998 8:00am