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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

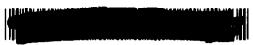
1998
DOCUMENT #

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*MIAMIPASS, CORP.

U.S.A. Business Club CORD

FILED Jun 26 1998 8:00am Secretary of State



D. C. C. C. C.					4
Principal Plac	e of Business	Mailing Address			
270 N.W. 86TH: PLACE 270 N.W. 66TH PLACE MIAMI FL 33128 MIAMI FL 33128					
				DO NOT WRITE IN THIS	SPACE
	•			3. Date Incorporated or Qualified 09/11/1997	
2. Principal P	Place of Business	2a, Mailing Address		4, FEI Number	Applied For
21	•	26		65-0843876	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			\$8.75 Additional
22	· •	27		5. Certificate of Status Desired	Fee Required
City & Stat	.0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the or	rrent vear Intanoible
24	25	29	30		Yes No
	, Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	Agent
C	CAREAGA, VICTOR A	- 1	81 Name		
	151 LEJEUNE RD.	270 NW 86th 77 HIRMI FL 3312	Sce 82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	SUITE 313	himani el molo	62 Street Add	dress (P.O. Box Number is Not Acceptable)	
	ORAL GABLES FL 33134	1140011 LT 22151	6 83	· · · · · · · · · · · · · · · · · · ·	
•	OINE OUDEED I F 00104				
	· West		84 City	Fi	85 Zip Code
11. Pursuant	to the provisions of Sections 607 0	in2 and 607 1508. Florida Statute	s the above-named cou		
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered					
agent 1 am familiar with, and an ept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	VICTOR CAYENT	• •		de como de la como de	
12.	Signature, typed or panted name of registered a	ND DIRECTORS	Registered Agent signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	O DIRECTORS IN 12
TITLE	S	DELETE	1.1 TITLE	ADDITIONATION AND AND AND AND AND AND AND AND AND AN	Change Addition
NAME	PAEZ, GUILLERMO		1.2 NAME		
	270 N.W. 86TH PLACE				
STREET ADDRESS	MIAMI FL 33126		1.3 STREET ADDRESS		
CITY-ST-ZIP	- MIAMI FL 33120	/V DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE	PADDAGAN LEGNADOG	No. com	2.1 THLE		
NAME	BARRAGAN, LEONARDO	ADY #A 40E	2.2 NAME		ļ
STREET ADDRESS	6751 S.W. 88TH STREET	AP1. #A-105	2 3 STREET ADDRESS		
CITY-ST-ZIP	1 MIAMI FL 33158	D private	2. 4 CITY - ST - ZIP		Change Addition
TITLE	-	☐ DELFTE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	5		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	· ·	☐ DELETE	5.1 TITLE		Change Addition
NAME	-		5.2 NAME		プラ
STREET ADDRESS			5.3 STREET ADDRESS		(210
CITY-ST-ZIP	W .	**************************************	5.4 CITY-ST-ZIP		U 04
TITLE	-	□ DEL€TE	6 1 TITLE	Log specific specific specific schools (from the property and	Change Addition
NAME	· ·		6.2 NAME	4000025764 ! -06/30/38010710	⊅* † 94
STREET ADDRESS	*		6 3 STREET ADDRESS		۲۳
CITY-ST-ZIP			6 4 CITY-ST-ZIF	***150.00	
14. I hereby o	certify that the information supplied	with this filing does not qualify for	the exemption stated in	n Section 119.07(3)(i), Florida Statutes. I further c	ertify that the information
14. Thereby certify that the information supplied with this filing dock not quitify 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 any that rhy signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the power or Intercet in provided 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 ary littachment with an address.					
