FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00								FILED					
PROFIT CORPORATION ANNUAL REPORT			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State			May 12 1998 8:00am Secretary of State							
1998 DIVISION OF CORPORATION								Secreta	ry c)I St	ate		
DOCUI 1. Corporation PREFE	MENT # F n Name r finish syste		079242	(8)									
Principal Place of Business Mailing Address 8851 N.W. 119 St., StE. 4412 8851 N.W. 119 St., StE. 44 HALEAH GARDENS FL 33018 HIALEAH GARDENS FL 3301										D4.0F			
NEW Address								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
							09/11/1 4. FEI Numbe			I lan	plied For	4	
21 1326		love	2a. Mailing Addre 26 \3268	anal f		65	07813	19		t Applicable	_		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate	of Status Desired		\$8.75 A				
City & State			City & State					ampaign Financing		\$5.00		1	
Zip Country Zip			Zip	Country				Contribution ration owes or has pa		Added to ent year Inte		1	
24 3318	9. Name and Add		29 33184 egistered Agent	30	<u> </u>	٠		roperty Tax due June Address of New Re] No	+	
Hi/	51 N.W. 119 ST., S ALEAH GARDENS R to the provisions of Se egistered event, or bo	FL 33018	nd 607,1508, Florida	a Statutes, the	83 84 Cit	•	//-	mber is Not Acceptal	FL	85 Zip (
agent SIGNATURE	.nd a	ccept "	Jn 607.0	595, Flo	Statutes.	-		•	,		-		
		JEFICERS AND U			13.	nature requ	ADDITIONS	CHANGES TO OFFI	DATE AND	DIRECTOR	S IN 12	16	
12.	ρ		DEL		1.1 TITLE		ADDITIONS	OF PARALO TO OTTE		Change	Addition	100	
NAME	BLANCO, MANI				1.2 NAME							2	
STREET ADDRESS 8851 N.W. 119 ST., STE. 4412 HIALEAH GARDENS FL 33018					1.3 STREET ADDRESS							ļŭ	
CITY-ST-ZIP TITLE	51	210 12 00010	DEL		1.4 CITY-ST-ZIP 2.1 TITLE	71	CE PRES	DENT		Change	Addition	6	
NAME	BLANCO, GRET				2.2 NAME	B	IMCO 9	LETEIL		A			
STREET ADDRESS	8851 N.W. 119	ST., STE. 4412			2.3 STREET ADDR	ESS 1	32.48 6.W	JIANE					
CITY-ST-ZIP	HIALEAH GARD VP	ENS FL 33018	OF	ETE	2. 4 CITY-ST-ZIF 3.1 TITLE	, M	niami Pla	. 33184	-	Change	☐ Addition	-	
TITLE NAME	CELEIRO, LUIS	R A	NO longe		3.1 HILE 3.2 NAME					Onlings	L Addition		
STREET ADDRESS	7130 CARLYLE	AVE., #5	10 101196	~	3.3 STREET ADDR	ESS						1	
CITY-ST-ZIP	MIAMI BEACH F	FL 33141 🔪 🕻	UUKKING	i	3.4. CITY-ST-ZIF								
TITLE			□ FoEt	ETE	4.1 TITLE					Change	Addition		
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CITY-ST-ZIP TITLE			DEL		<u>4.4 CITY - ST - ZIP</u> 5.1 TITLE	-+-				Change	☐ Addition	\dashv	
NAME					5.2 NAME					-			
STREET ADDRESS					5.3 STREET ADDR	RESS							

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, or on an attachment with an address.

SIGNATURE:

■ DELETE

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

Change

Addition