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

PROFIT CORPORATION **ANNUAL REPORT**

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P97000081904 (9) VAA AAAA

FILED Mar 10 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 15320 SW 74 PLACE 15320 SW 74 PLACE MIAMI FL 33157 MIAMI FL 33157	
MIAMI FL 33157 MIAMI FL 33157	T SOUTHOUGH THE SOLET COURT BOOK DOTTE WAS COURT TO SECUL TO SECUL COURT OF SECUL COURT OF SECUL COURT
1 8	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
	09/22/1997
2. Principal Place of Business 2a. Mailing Address 2b. Mailing Add	FEI Number 65-0781993 Applied For Not Applicable
Suite Ant # etc Suite Ant # etc	5. Certificate of Status Desired
City & State City & State 23 28	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country Zip Country 224 25 29 30	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
	Name and Address of New Registered Agent
FISHMAN, YALE J 81 Name	
15320 SW 74 PLACE MIAMI FL 33157	(P.O. Box Number is Not Acceptable)
63	
84 City	FL 85 Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 	ion submits this statement for the purpose of changing its registered shoard of directors. I hereby accept the appointment as registered
SIGNATURE Signature typed or proted name of registrated agent and title if applicable (NOTE: Registered Agent signature required wh	ten reinstating) DATE
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD DELETE 1.1 TITLE	Change Addition

FISHMAN, YALE J 1.2 NAME NAME 15320 SW 74 PLACE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33157** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

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:

STREET ADDRESS

3-498

65 379- 5550