

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

FILED

**Jun 04 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. ~~Merriman~~
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000084309 (8)
1. Corporation Name
131 CORP.



Principal Place of Business: 2201 N.W. 79TH AVE. MIAMI FL 33122
Mailing Address: 2201 N.W. 79TH AVE. MIAMI FL 33122

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 6810 SW 65 ST Suite, Apt. #, etc. 27 City & State 28 MIAMI FL Zip 29 33143 Country 30

3. Date Incorporated or Qualified: 09/29/1997
4. FEI Number: Applied For Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: ENGELS, MARTIN 2201 N.W. 79TH AVE. MIAMI FL 33122

10. Name and Address of New Registered Agent: 81 Name FRANCISCO VICTORIA 82 Street Address (P.O. Box Number is Not Acceptable) 6810 SW 65 ST 83 City MIAMI FL 85 Zip Code 33143

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: FRANCISCO VICTORIA, ~~ILLINOIS~~ PRESIDENT DATE: _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRANCISCO VICTORIA, PRESIDENT 6810 SW 65 ST MIAMI FL 33143	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEONARD BOULD, V.P. 7850 SW 68 Ter. MIAMI, FL 33143	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN HASSAN, TREASURER 10401 SW 91 AVE MIAMI, FL 33176	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800002550218
5.3 STREET ADDRESS	--06/08/98--01007--012
5.4 CITY-ST-ZIP	***150.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(j), 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 attached sheet with an address.

SIGNATURE: FRANCISCO VICTORIA 4-9-98 (30516401503)

CR2E034 (10/97)