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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

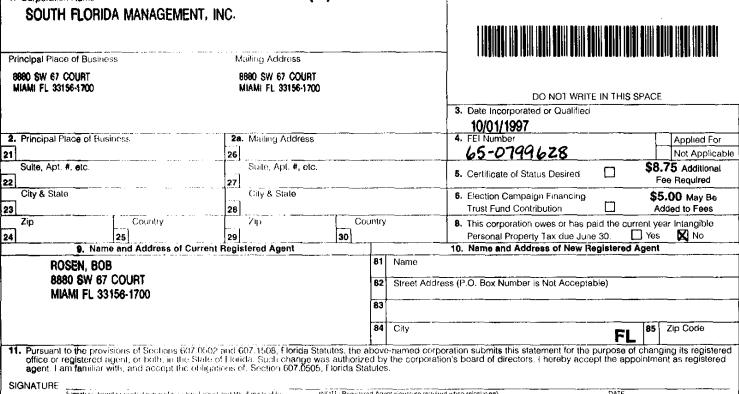
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P97000085021 (8)

Principal Place of Business	Mailing Address
8880 SW 67 COURT	8880 SW 67 COURT
MIAMI FL 33156-1700	MIAMI FL 33156-1700

FILED May 13 1998 8:00am Secretary of State



SIGNATURE Signature, typied or press dinor e of novelered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) <u>1</u>660€ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE X Change ___ Addition TITLE 1.1 TITLE PITISID ROSEN, BOB 1.2 NAME CR2E034 NAME 8880 SW 67 COURT STREET ADDRESS 13 STREET ADDRESS MIAM! FL 33156-1700 1.4 CiTY - ST - ZIP CITY-ST-7IP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CHY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLÉ 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition □ DELETE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

CITY-ST-ZIP 14. Thereby certify that the information supplied with this fring 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed or on an attachment with an address.

SIGNATURE:

111198 (305) 6666-1111