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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000085282 (6)

FILED May 27 1998 8:00am Secretary of State

	CE Of Business W. FLAGLEA ST. TLAGLER STREET	Mailion Add	tress TAOLER-ST	IGLE.	n st	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/02/1997
2. Principal f	Place of Business	2a. Mailing	Address			4. FEI Number Applied For
21 26						65-0785864 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5 Cardificate of Status Desired \$8.75 Additional
27						Fee Required
City & Stat	le	<u> </u>	City & State			6. Election Campaign Financing \$5.00 May Be
Zip				Count	rv	Trust Fund Contribution
24	25	<u>⊢</u> ¬ `	29 30		, ,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
<u> </u>	9. Name and Address of Currer			1		10. Name and Address of New Registered Agent
Н	errera, ester			8	1 Name	
	1516 WEST FLAGLER STREET			B:	2 Street	Address (P.O. Box Number is Not Acceptable)
	IAMI FL 33174				30000	Address (F.O. Dox Number is Not Acceptable)
				8	3	
				8	4 City	85 Zip Code
						FL
11. Pursuant to the provisions of Soctions 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			<u></u> -			
12.	Signature, typed or printed name of registered age OFFICERS AN		(NOII	Hegistered A	gent signature	e required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD		DELETE	1.1 TITLE	7	Change Addition
NAME	HERRERA, ESTER			1.2 NAME		
STREET ADDRESS	10516 WEST FLAGLER STRE	ET		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33174			1.4 CitY-	-ST-ZIP	
TITLE			DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREE	ET ADDRESS	
CITY-ST-ZIP				2. 4 CITY	-ST-ZIP	
TITLE		F	_] DELETE	3 1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS					ET ADDRESS	
CITY-ST-ZIP TITLE			DELETE	3.4. CITY 4.1 FITLE		Change Addition
NAME	1	L	- PLLEIL	4. 2 NAM	i	C Onlarge C Authori
STREET ADDRESS				1	ET ADDRESS	
CITY-ST-ZIP				4.4 CITY-		
TITLE			DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		-
STREET ADDRESS				5.3 STREI	ET ADDRESS	
CITY-ST-ZIP				5.4 CITY-	ST-ZIP	
TITLE			DELETE	61 THLE		☐ Change ☐ Addition
NAME				6.2 NAME	. [
STREET ADDRESS				6.3 STREE	T ADDRESS	
CITY - ST - ZIP	and if the the information opening to			6.4 CITY-		ord in Section 110 07/29(1) Elevido Statutes I further contifu that the information

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic indicated on this arrival report or supplemental arrival 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 true 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.

ESTAEL NERRELA

2/2/08 215-305-10.