## 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** 

P97000086497 (9)

Principal Plac		Mailing Address				
3624 NW 36TH ST. 3624 NW 36TH ST. MIAMI FL 33142					DO NOT WRITE IN TH	IIS SPACE
					3. Date Incorporated or Qualified 10/07/1997	
<del></del>	lace of Business	2a. Mailing Address			4. FEI Number 65-0785908	Applied For
21 Sulto Ast	# ote	Suile, Apt. #, etc.			91-0187 des	Not Applicable
Sulte, Apt. #, etc.		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	9	City & State		Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registers	ed Agent
	L REY, ALEJANDRO			81 Name		
3624 NW 36TH ST.				82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33142				83		
				<b>64</b> City	F	85 Zip Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stati m familiar with, and accept the oblig Signature, typod or printed name of registered ag	e of Florida. Such chang pations of, Section 607.0	ge was authorize 0505, Florida Stal	d by the corpora utes.	poration submits this statement for the purpose alion's board of directors. I hereby accept the a purpose when reinstating)	appointment as registered
12.		ID DIRECTORS	13.	Mant signature rede	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	DE		ILE	ADDITIONS/OFFAITALS TO OFFICE IS A	Change Addition
NAME	DEL REY, ALEJANDRO	_	1.2 N/			_ , _
STREET ADDRESS	3624 NW 36TH ST.		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33142		1.4 Ci	TY-ST-ZIP		
TITLE	STD	DEI	LETE 2.1 TI	TLE .		Change Addition
NAME	DEL REY, MIRTHA		2.2 N/	ME .		}
STREET ADDRESS	3624 NW 36TH ST.		2.3 \$1	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE				1		Change Addition
NAME			3.2 NA			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·			TY-ST-ZIP		Change Addition
NAME		- DE1	4 2 N	ĺ		C Cuange C Koonton
STREET ADDRESS				REET ADDRESS		ļ
1				1		
CITY-ST-ZIP TITLE		☐ DEL		IY-ST-ZIP		Change Addition
NAME			5.2 NA			the same and the s

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 oriulal 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 rectiver 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 one in this point with an address.

5.3 STREET ADDRESS

5.4 CITY - ST- ZIP

6.1 TITLE 6.2 NAME

DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

1/21/92

305-696-8814

Change

Addition

**FILED** 

Feb 03 1998 8:00am

Secretary of State