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

FILED Apr 13 1998 8:00am Secretary of State

1. Corporation	MEN # P9700 DEVELOPMENT, CORP.	0087791 (4))	
Principal Place	e of Business	Mailing Address		
6101 SW 82ND AVENUE		6101 SW 82ND AVENUE		
MIAMI FL 33143		MIAMI FL 33143		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				10/08/1997
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		65-0796728 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Certificate of Status Desired Section
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yos No
CA	9. Name and Address of Curre	nt Hegistered Agent	81 Namo	/ / / /
ONLOG, FELIFE F				Carmen H. Juliao
	AMI FL 33143			Address (P.O. Box Number is Not Acceptable) 101 5.W. 83 AVE.
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nii) 1 C 00110		83	0.00.
			84 City	11 - 85 Zip Code
				<i>M(4m)</i> ;
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 of 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 obligation of Section 607.0505, Florida Statutes.				
SIGNATURE		() www)	
	Signature Type For printed name of registered ag		OLF Registered Agent signature	
12.	D OFFICERS AN	O DIBLOTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	SALCE, FELIPE P	E Dittie	1.2 NAME	Carmen H. Julian
STREET ADDRESS	6101 SW 82ND AVENUE		1.3 STREET ADDRESS	6101 SW 82 AVE
CITY-ST-ZIP	MIAMI FL 33143		1.4 City - St - ZiP	Miami, FL 33143
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	_
CITY-ST-ZIP TITLE		DELETE	2. 4 C/TY - ST - Z/P 3.1 T/TLE	Change Addition
NAME		La recet	3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		☐ DELETE	4.1 1/1LE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
NAME		_ ottelt	5.2 NAME	Change Madition
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-S1-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
City-St-ZiP	ertify that the information sounded a	vith this filing doce not qualify	6.4 CITY-S1-ZIP	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this armual report or supplemental amount root is true and accurate and that my signature shall have the same logal effect as if made under outh; that I am an officer or director of the corporation or the feetiver 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 op an attachment with an address.

41-6-98 205-201-1994