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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 19 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

50011	VENT "					
1. Corporation	MENT # P9700( NO IMPORT & EXPORT, IN	0088939 (8) 				
UNC IA	INO IMPONI & EXPONI, II	<b>40.</b>				I DOCKELK AND DOLL DEGLI BEACH REACH BOOK BOTHE LOCAL HEADE WHITE DOLL AND
Principal Place of Business Mailing Address						
13726 S.W. 88TH STREET MIAMI FL 33183		13726 S.W. 88TH STREET MIAMI FL 33183				
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
9 Deinoinal D	Inco of Division as	2a. Mailing Address				10/15/1997
2. Principal Place of Business		26				4. FEI Number Applied For Not Applied For
Suite, Apt. #, etc.		Suite, Apt #, etc.			<del></del>	5 Contitionto of Status Denirod \$8.75 Additional
City & State		City P. State				Fee Required
23 Chy & Sian	U	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
<b>Z</b> ip	Country	Zip	Coi	untry		8. This corporation owes or has paid the current year Intangible
24	25	29	30	т —		Personal Property Tax due June 30. Yes No
	9. Name and Address of Currer	nt Hegistered Agent		81	Name	10. Name and Address of New Registered Agent
DI LORENZO, GRACIELA 13726 S.W. 88TH STREET				82	Stroot Ado	dress (P.O. Box Number is Not Acceptable)
MIAMI FL 33183					Street Add	areas (F.O. Box Number is Not Acceptable)
			83		Í	
				B4	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida State	utes, the s	bove	a-named cor	
office or r agent. I a	egistered agent, or both, in the State in familiar with, and accept the obliq	of Florida, Such change was palions of, Section 607.0505, F	authorize Iorida Sta	ed by itutes	the corpora	rporation submits this statement for the purpose of changing its registere- ation's board of directors. I hereby accept the appointment as registered
SIGNATURE						
12.	Significate, typed or printed name of registered age OFFICERS AN	ID DIRECTORS	13.		nt elgnature requi	ulred when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 7			Change Addition
NAME	DI LORENZO, LUCIANO		1.2 NAME			
STREET ADDRESS	10822 S.W. 89TH LANE			1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176 V	DELETE		1.4 CHY-ST-ZIP 2.1 TITLE		Change Additive
NAME	DI LORENZO, EMIDIO	_ press		2.2 NAME		
STREET ADORESS	· · · · · · · · · · · · · · · · · · ·		2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176			CITY-S	ST-ZIP	
TITLE	S Di Lorenzo, graciela	☐ DELETE	311		1	Change Addition
NAME STREET ADORESS				3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176 3			3.4. CITY-ST-ZIP		
TITLE	Ť	DELETE	4.1 T	4.1 TITLE		☐ Change ☐ Additio
NAME	DI LORENZO, SERGIO	<b>-</b>	4. 2 NAME		j	And the second s
STREET ADDRESS 10300 S.W. 147TH CT CIRCL CITY-ST-ZIP MIAMI FL 33196		£ #34	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			•
CITY-ST-ZIP TITLE	MINMI FL 331870	DFLETE	4.4 C		1-2IP	Change Addition
NAME		<del>-</del>		AME		
STREET ADDRESS			5.3 5	TREET	ADDRESS	
CITY-ST-ZIP				ITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 7			☐ Change ☐ Addition
STREET ADDRESS			- 1	IAME TREET	ADDRESS	
CITY. CT. 240				HTV- C	- 1	

14. Thereby certify that the information supplied with this fluig does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armual report or supplience the pinual 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 recorder of 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, at or an attributing with an address.