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

PROFIT CORPORATION ANNUAL REPORT **19**98



Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation	NIANA # P97000	JU91U95 (4)				
Principal Place of Business		Mailing Address			s fanninde vin imist innv metre dater auter matte dies ihrat eines duste zuse, dies jane	
780 N.W. LEJEUNE ROAD SUITE 516 MIAMI FL 33126		780 N.W. LEJEUNE ROAD SUITE 516				
					DO NOT WRITE IN THIS SPACE	
		MIAMI FL 33126			3. Date Incorporated or Qualified	
					10/23/1997	
2. Principal Place of Business 21		2a. Mailing Address			4. FEI Number Applied For	
		26			(05-0 + 90083 Not Applicable	
Suile, Apt #, etc.		Suile, Apt. #, elc.			5. Certificate of Status Desired \$8.75 Additional	
22		27	• · · · · · · · · · · · · · · · · · · ·		Fee Hequired	
City & State	0	Cily & State			6. Election Campaign Financing \$5.00 May Be	
Zip Country		Zip Country		dry	Trust Fund Contribution	
24	·		ļ1		8. This corporation owes or has paid the current year Intangible Personal Property Tax due Juno 30. Yes No	
24	25 A. Name and Address of Current	29 nt Registered Agent	30		10. Name and Address of New Registered Agent	
AMERILAWYER				B1 Name	14.	
343 ALMERIA AVENUE CORAL GABLES FL 33134			-	Ctroot A	dderen (P.O. Bay Number in Not Appartable)	
			1	Street A	ddress (P.O. Box Number is Not Acceptable)	
			Ī	93		
				84 City 85 Zip Code		
				City	FL 85 Zip Code	
agent La SIGNATURE	egistated agran, or bair in the state in familiar with and accept the obligation of the state of the State of the OFFICE HS ANI	et and little it applicable (NO)	orida Stalu	tes.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered Populied whose reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 101	E	Change Addition	
NAME	780 N.W. LEJEUNE ROAD		1.2 NAM	AE		
STREET ADDRESS			13SIR	FET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33128		1.4 City	r-ST-71P		
TITLE		DELETE	2.1 1111	E	Change Addition	
NAME			2.2 NAN	Æ Ì		
STREET ADDRESS			23 STR	EFF ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DOTETE	3.1 1/1	1	Change Addition	
NAME			3 2 NAN	-		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP		DELFTE		Y-ST-ZIP	☐ Change ☐ Addition	
TITLE	I		4.1 TITL 4 2 NAI		Change C Adultion	
STREET ADDRESS				EET ADDRESS		
1			1	1- \$1- ZIP		
CITY-ST-ZIP TITLE			5.1 Till		Change Addition	
NAME			5 2 NAM	1		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				r-ST-ZIP		
TITLE		DELETE	- 1 JUL	<u></u>	Change Addition	

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 13 if changed, or on an attachment with an address.

NAME

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-06/710/98---01065-

FILED

Jun 10 1998 8:00am

Secretary of State