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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

]	1998	DIVISION OF CO		Secretary of State
DOCUI 1. Corporatio DAL, Co		00092661 (2)		
Principal Place of Business Ma		Mailing Address		
21240 SW 94 AVE MIAMI FL 33189		21240 SW 94 AVE MIAMI FL 33189		
MIRMI IL COI	,	MIAMI I E 33103		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
2. Principal Place of Business		2a. Mailing Address		10/28/1997 4. FEI Number
21		26		65-0797/6/ Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	° /- 0 h	City & State		6. Election Campaign Financing \$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution Added to Fees
24	25	 -	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Woo
	9. Name and Address of Cu			10. Name and Address of New Registered Agent
DONADI, ANTONIO 21240 SW 94 AVE MIAMI FL 33189			81 Name	
			82 Street A	ddress (P.O. Box Number is Not Acceptable)
			83	
			84 City	FL 85 Zip Code
SIGNATURE	egistered agent, or both, in the S m familiar with, and accept the o		thorized by the corporate Statutes. Registered Agent signature re	corporation submits this statement for the purpose of changing its registered aration's board of directors. I hereby accept the appointment as registered aquired when reinstateg) DATE
12.		AND DIRI CTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	PVST Donadi, antonio	DELETE	1.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	21240 SW 94 AVE		1.2 NAME 1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33189		1.4 CiTY-ST-ZIP	_
TITLE	D	DELETE	21 TITLE	LUZ E. DONADI Change Addition
NAME	DONADI, ANTONIO		2.2 NAME	21247 SW 94 ave
2230000	21240 SW 94 AVE MIAMI FL 33189		2.3 STREET ADDRESS	21240 SW 94 ave Hiami, FL 33189
CITY-ST-ZIP	MIAMI FL 33189	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	☐ Change ☐ Addition
NAME		<u></u>	3.2 NAME	E starge E raymon
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 31TLE	L. Change L. Addition
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 City-St-Zip	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		- Druftf	5.4 CITY - ST - ZIP	
TITLE NAME		[_] DELETE	6.1 TITLE	Change Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
		al vist thin filt a stone and availed for		in Section 119.07(3)(i) Florida Statuton I further partify that the information

I nereby 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 information indicated on this annual popular or supplemental annual 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 receiver 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 calculated, or on an attriction in with an address.

4/29/98

FILED

May 07 1998 8:00am