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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000093672 (8)

FILED May 12 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address	HO ODEBO IIMO BAND IODIO HDI ODDI
9105 S.W. 125 TERRACE	THIS SPACE
3. Date Incorporated or Qualified	TIBOLAGE
10/31/1997	
2. Principal Place of Business 2e. Mailing Address 4. FEI Number	Applied For
21 65-0791125	Not Applicable
Suite, Apl. #, etc.	\$9.75 Addition 1
22 27 5. Certificate of Status Desired	Fee Required
City & State City & State 6. Election Campaign Financing	\$5.00 May Be
23 Trust Fund Contribution	
Zip Country Zip Country 8. This corporation owes or has paid th	
24 25 29 30 Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Register	ered Agent
RUIZ, FRANK	
9105 6W 125 TERRACE 82 Street Address (P.O. Box Number is Not Acceptable)	
MIAMI FL 33176	
83	
84 City	85 Zip Code
	FL 63 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpor office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	se or changing its registered appointment as registered
agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE TW/9	
Signature, tyleod or printed game of three agrint and time it applicable (NOTE Registered Agent signature required when reinstating) Dr. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS	ATE S AND DIRECTORS IN 12
TITLE PD DELETE 1.4 TITLE	Change Addition
NAME RUIZ, FRANK 1.2 NAME	
STREET ADDRESS 9105 S.W. 125 TERRACE 1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33176 1.4 CITY-ST-ZIP	ŀ
TITLE STD V DELETE 2.1 TITLE	
mer OTD XIDECTE ZIMIC	Change Addition
NAME JONSECA, JACQUIEINE 22 NAME	Change Addition
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I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatio indicated on this annual report or supplemental minual 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 of the receiver 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 charged, or on an attachment with an address.

SIGNATURE:

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FRANK Ruiz

04-28-98