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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000094374 (0)

BICHARA, CEBALLOS & HEVIA, P.A.

1405 S.W. 107TH AVENUE SUITE 301-A MIAMI FL 33174		1405 S.W. 107TH AVENUE Suite 301-A Miami FL 33174			3.	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified								
						-	11/04	,						
2. Principal P	lace of Business	2a. Mailing Address				FE! Num	ber					Ap	plied For	
21		26				65-0793529			No	t Applicable				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5	Cortifica	to of St	atus Desir	rorl		\$8	.75 /	Additional	
22		27			Continua	10 01 01			<u> </u>	F	ee Re	quired		
City & Stat	е	City & State			i i			ign Finan	cing		\$5	5.00	May Be	
23		28				Trust Fu	nd Con	Iribution			A	dded t	to Fees	
Zip	Country	Z(p 29	Country 30			I .			owes or				_	
24	25 9. Name and Address of Current				ty Tax du ress of N			Yes] No				
		Hadistalan Watti		31	Name	10.	Maille a	na Auu	1692 01 1	DW NO	Aireien	Ayent		
	CHARA, RICARDO		L											
	05 S.W. 107TH AVENUE		82 Street Addre			Address (P.	.O. Box N	Number	is Not Ac	ceptat	ole)			
	IITE 301-A		B	33								- -		
Mil	AMI FL 33174		ا ا	_										
•			8	34	City						FL	85	Zip (Code
11. Pursuent	to the provisions of Sections 607.0502	and 607 1508. Florida Statute	is the abo)VO-	named c	corporation	a submits	this st	stement fo	or the r	outnoso /	•	ino il	s registered
I office or r	ogistered agent, or both, in the State o	of Florida. Such change was a	uthorized	by t	the corpo	poration's be	oard of c	lirectors	. Thereby	y accej	pt the ap	pointme	ol as	registered
_	m familiar with, and accept the obliga	lions of, Section 607.0505, Flo	rioa Statut	les.										
SIGNATURE	Signature, typed or printed name of registered agen	and title if enricable (NOTE	Registered A	Acient	et shutsania li	required when r	reinstating)				DATE			
12.	OFFICERS AND		13.					NS/CHA	NGES TO	OFFIC		D DIRE	CTOR	S IN 12
TITLE	D	☐ DELETE	1.1 TITLE	E		<u> </u>						Ch	ange	Addition
NAME]	BICHARD, RICARDO		1.2 NAM	IE										
STREET ADDRESS	14701 S.W. 42ND WAY		1.3 STRE	1.3 STREET ADDRESS										
CITY-ST-ZIP	MIAMI FL 33185		1.4 CHIV	-81-	- ZiP									
TITLE	D	☐ DELETE	21 TITLE			·						☐ Ch	ange	Addition
NAME	CEBALLOS, GUSTAVO		2.2 NAM											
STREET ADDRESS	1405 S.W. 107TH AVENUE		2.3 STREET ADDRESS											
CHY-ST-ZIP	MIAMI FL 33174		2. 4 Cilly	2.4 City-St-ZiP										
TITLE	D	DELETE	3.1 TITLE				····					Chi	ange	Addition
NAME	HEVIA, GERARDO		3.2 NAM	3.2 NAME										
STREET ADDRESS	1405 S.W. 107TH AVENUE		3.3 \$1RE	IA T3	DDRESS									
CITY-ST-ZIP	MIAMI FL 33174		3.4. C(1)	/-\$1·	- 21P									
TITLE		DELFTE	4.1 TITLE	Ē								☐ Ch	ange	Addition
NAME			4. 2 NAV	Æ		ļ								
STREET ADDRESS			4.3 S1RE	ET AC	DORESS									
CITY-ST-ZIP			4.4 CITY	- ST-	- ZIP									
TITLE		☐ DELETE	5.1 TITLE	r.								Cha	ange	Addition
NAME			5.2 NAM	F										
STREET ADDRESS			5.3 STRE	ET AC	DDRESS									
CITY-ST-ZIP			5.4 CITY	-51-	- ZIP									
TITLE		DELETE	61 TITLE	i				• • • • •				☐ Chá	ange	Addition
NAME			62 NAM	E										
STREET ADDRESS			63 STAE	ET AC	DDRESS									
CITY-ST-ZIP			6.4 C(1Y-	-sr-	· ZIP									
14. I hereby o	ertify that the information supplied with on this annual report of supplemental director of the corporation or the recei	h this filing does not quality for	the exem	ptic	on stated	ed in Section	119.07	(3)(i), FI	orida Stat	utes. I	further or	artify the	al the	information
officer or of Block 12 of	director of the corporation or the recei or Block 13 if changed, or on an attact	ver or trustee empowered to e nment with an address.	xecute this	s re	iny signa iport as ro	required by	y Chapte	er 607, F	lorida Sta	ocas ir alulos;	and that	my nan	ie apt	pears in

CIGNATURE: (//////) Outhan

1-3.98 (305) 220-6835

FILED

Jan 20 1998 8:00am

Secretary of State