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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Namo P97000094809 (5)

GARCIA & DOMINGUEZ, P.A.

Principal Place of Business Mailing Address							- +	IAI RIBUT IBIII B	HANNA ARKI SARKI
3491 NW 20 STREET MIAMI FL 33142		3491 NW 20 STREET MIAMI FL 33142							
1							DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualified 11/04/1997		
2. Principal Place of E	Business	2a. Mailing Address					4. FEI Number	[A	Applied For
21		26					65-0794644	N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27							Pequired
City & State		City & State			6. Election Campaign Financing		May Be		
Zip	Country	7 _{ID}		Ountry			Trust Fund Contribution		to Fees
24			¬ '				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	25 ame and Address of Current	29 Registered Agent	30				10. Name and Address of New Registered		
	EZ, HUMBERTO R			81	Name				
3745 SW									
MIAMI FL 33155				82	Street	Addre	ess (P.O. Box Number is Not Acceptable)		
	00100			83					
								11 ==	
				84	City		FL	_ 85 Zip	Code
11. Pursuant to the pr	ovisions of Sections 607.0502	and 607.1508, Florida Sta	itutes, the	abovo	-named	corpc	oration submits this statement for the purpose on's board of directors. I hereby accept the app	f changing	its registered
office or registere agent I am familia	d agent, or both, in the State : ar with, and accept the obliga	of Florida. Such change wa tions of, Section 607.0505.	as authoriz Ftorida St	red by	the co	rporatio	on's board of directors. I hereby accept the app	pointment a	s registered
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	.,							
Signature	typed or printed name of registered agen	t and title if applicable (I	NOTE Registe	red Age	nt signatur	e requie	d when reinstating) OA1)		
12.	OFFICERS AND		13).			ADDITIONS/CHANGES TO OFFICERS AN		<u></u>
	PD DELETE		1.1	1.1 TITLE				Change	Addition
	AINGUEZ, HUMBERTO R		1.2	NAME		1			
	1 NW 20 STREET		1.3	STREE 1	ADDRESS				
T-5	MI FL 33142	T of sta		CITY-S	1 - 201	ļ			1
"""	VD DELETE			2.1 1/11.6				L. Change	Addition
مهما أ	RCIA, CARLOS		- 1	NAME		1			
ABLAS	1 NW 20 STREET				ADDRESS				
	MI FL 33142	DULTE		CITY-S	ST - ZIP			Change	Addition
TITLE		L DELETE		TITLE				Change	Addition
NAME				NAME		ł			
STREET ADDRESS					ADDRESS	1			
CITY-ST-ZIP TITLE		DELETE		CITY-S TITLE	31- ZIP			Change	Addition
NAME		[_] Vitt II	l l	NAME				change	Addition
STREET ADDRESS					ADDRESS)			
1				CITY-S					
CITY-ST-ZIP TITLE		DETLETE		TITLE	I-ZIP	 		Change	Addition
NAME			■ v.·			1			. 100.0.001
STREET ADDRESS			5.9	NAME					
1 STREET REPORTEDS				NAME STREET	ADDREÇÇ				
CITY-\$1-7IP			5.3	STREET	ADDRE\$S				
CITY-ST-ZIP TITLE		☐ DÉLETE	5.3 5.4					Change	Addition
			5.3 5.4 6.1	STREET CITY-S				Change	Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 chapter of an article and officer.

6.4 CHY-ST-ZIP

- 498 (305)37*1*-3777

FILED

Jan 16 1998 8:00am

Secretary of State