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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State

FILED Jul 27 1998 8:00am Secretary of State

	1998 DIVISION OF CORPORATIONS					Secretary of State		
	MENT # P9700	0096086 (8)					
							118 819)1 88181 HAYLA BYOY 1881	
Principal Place	e of Business	Mailing Address				A SALINGE KIND OF THE STATE OF THE SALINGE OF STREET		
4680 W. 17Ti	4680 W. 17TH COURT	W. 17TH COURT						
HIALEAH FL	33012	HIALEAH FL 33012	HIALEAH FL 33012			DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified 11/10/1997	O/ NOL	
2. Principal Place of Business 2a. Mailing Address				4		4. FEI Number	Applied For	
21 26						65-058 8210	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State						6. Election Campaign Financing	\$5.00 May Be	
23 28						Trust Fund Contribution	Added to Fees	
Zip	p Country Ζιμ		Country			8. This corporation owes or has paid the cu		
24	25 29 29 20 20 20 20 20 20 20 20		30			Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No	
		iii negistered Agent		Name		10. Name and Address of New Registered	Agent	
DAVILA, JOSE A 4680 W. 17TH COURT								
	ALEAH FL 33012		82		Address (P.O. Box Number is Not Acceptable)			
, ,	ALEMITIC GOOTE	<u> </u>	8	13				
-		'	-	4 City			85 Zip Code	
		\$ a*		City		FL	65 Zip Oodo	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the abo	ove-named	corpo	ration submits this statement for the purpose only board of directors. I hereby accept the apr	f changing its registered	
agent La	m familiar with, and accept the oblig	jations of, Section 607 0505, F	lorida Statul	es.	poracio	ration submits this statement for the purpose only board of directors. I hereby accept the app	John do registeror	
SIGNATURE	Signature Typed or printed name of registered as	an/a	TI Supidward	Social o acoluto		whon reinstating) DATE		
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12	
TITLE	PD	DELETE		E	1		Change	
NAME	DAVILA, CARIDAD	· '.	1.2 NAM	E :	1	AZARO MORA PD 480 W 17CH.	[3	
STREET ADDRESS	4680 W. 17TH COURT	:	1.3 STRI	et address	21.6	ista with a single	[6]	
CITY-ST-ZIP	HIALEAH FL 33012			-ST-ZIP	11	ialeah F1. 33012		
TITLE	SD 1005	DELETE	2 1 1171		′		Change Addition C	
NAME	DAVILA, JOSE			2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	4880 W. 17TH COURT HIALEAH FL 33012		- 4	2.3 STREET AUDRESS				
TITLE	THREE TITE OSSIE	DELETE 3.					Change Addition	
NAME		3.			{			
STREET ADDRESS	ss		3 3 STRE	3.3 STREET ADDRESS				
CITY-ST-ZIP			3 4. CITY	3 4. CITY-ST-ZIP				
TITLE	☐ DELETE			4.1 THLE			Change Addition	
NAME				4. 2 NAME		,	\mathcal{A} X \mathcal{A} \mathcal{A}	
STREET ADDRESS				4.3 STREET ADDRESS 4.4 CITY - ST - ZIP			MINDA	
CITY-ST-ZIP TITLE		DELETE	4.4 CHY 5.1 TITLE		 -	10000260334	Addition Addition	
NAME		Name of the Control o	5.2 NAM		}	-07/31/980100400	13	
STREET ADDRESS			53 STREET ADDRES			***150.00		
CITY-ST-ZIP				5 4 CITY-SY-ZIP				
TITLE	DELETE		6.1 TITLE	6.1 TITLE			Change Addition	
NAME			4	6.2 NAME			ļ	
STREET ADDRESS				6.3 STREET ADDRESS				
CITY-ST-ZIP	ortify that the information supplied a	with this filma does not availed		-SI-ZIP	d in S	ection 119.07(3)(i), Florida Statutes. I further ce	artify that the information	
indicated	on this annual report or supplement	al annual report is true and ac	curate and	that my sig	nature	shall have the same legal effect as if made un	der oath; that I am an	

Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under own, that it am an officer or director of the corporation or 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 changed, or sman attachment with any address.