FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUÁL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 JAN 20 PM 12: 11 DOCUMENT # P97000096944 ECRETARY OF STATE C.T.H. DEVELOPMENT CORP. & RATION Principal Place of Business Mailing Address 99 NW 183 STREET 99 NW 183 STREET SUITE 122 **SUITE 122** DO NOT WRITE IN THIS SPACE MIAMI FL 33169 MIAMI FL 33169 3. Date Incorporated or Qualified 11/13/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-079249 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 7 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XY Yes No Zip Country Zip Country 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name EDWARD VELASCO, JOSE GARCIA **99 NW 183 STREET** Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 122 83 **MIAMI FL 33169** 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 purpose of changing its registered 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 appointment as registered agent. I am familiar with projection of the obligation of the corporation of rud SIGNATURE name of regist OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 D DELETE Change Addition TITLE 1.1 TITLE 300002409643--01/23/98--01002--005 **VELASCO, JOSE** NAME 1.2 NAME 99 NW 183 ST. STE 122 STREET ADDRESS 1.3 STREET ADDRESS ****150.00 ****150.00 MIAMI FL 33169 City-St-7P 1.4 C/TY - ST - 7/P Change XAddition DELETE 2.1 TITLE TITLE GARCIA NAME 2.2 NAME EDWARD 1835T, 51E 122 STREET ADDRESS 2.3 STREET ADDRESS 99 N W CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY-8 4.4 CITY - ST-ZIP DELETE Addition 5.1 TITLE Change TITLE NAME 5.2 NAME STREET DORESS **53 STREET ADDRESS** CITY-ST-ZIP 54 CiTY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 report 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 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 an an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATI IRE.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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DELETE

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