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 #

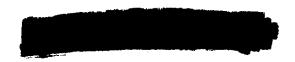
1. Corporation Name

Principal Place of Business Mailing Address

334 MINORCA AVENUE

334 MINORCA AVENUE

Apr 17 1998 8:00am Secretary of State



CORAL GABLES FL 33134		CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				11/13/1997	
├ ./`. /	Place of Business	2a. Mailing Address	20.1- 81	4. FEI Number	Applied For
21 409 Suite, Apt.	I EL PRADO BUXD	26 4095 EL1	Peado Bl	ND 65-081 4420	Not Applicable
22	. π, θ(C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	le	City & State	<u> </u>	Election Campaign Financing	\$5.00 May Be
23 M		28 M/AM1,	FL	Trust Fund Contribution	Added to Fees
^{Zip} 22	133 Country	29 83133 g	Country	8. This corporation owes or has paid the curre	ent year Intangible
24 35		1-4	30		Yes No
	9, Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Registered A	gent
	RLIN, BRIAN C			SUSAN HARTMAN	
334 MINORCA AVENUE			82 Street	Address (P.O. Box Number is Not Acceptable)	
SUITE 200			83	091 EL HEADO BLYD	
U	ORAL GABLES FL 33134		63		
	•		84 City	MIAMI FL	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos, the about paged correction wherethe this state and the provisions of Sections 607 0502 and 607 1508. Florida Statutos, the about paged correction where this state and the provision of Sections 607 0502 and 607 1508.					
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 and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE CUSAN HANDMAN 4/9/98					
Signature, typoid or printed name of registered agriculand into it applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	PERLIN, BRIAN O		1.2 NAME		
STREET ADDRESS	394 MINOROA AVENUE, #200		1.3 STREET ADDRESS		
CITY-ST-ZIP	O ORAL GABLES FL-33134		1.4 CITY - ST - ZIP		
: TITLE	PRESIDENT	☐ DELETE	2.1 TITLE		Change
NAME	JUSAN J. HARTM		2.2 NAME		İ
STREET ADDRESS	4095 EL ARADO		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI IL 3	1 #2	2.4 CITY-S1-ZIP	·	
NAME	SECULIE	EASTIGNET	31 TITLE	L	☐ Change ☐ Addition
STREET ADDRESS	4095 EC PLAU	SOLVE	3.2 NAME		
CITY-ST-ZIP	MINAL TO 33	/_3.3	3.3 STREET ADDRESS		
TITLE	SEGRES MAY /TREME	DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addits -
NAME	ENRIQUE F. MART	NE Z	4. 2 NAME	L	Change Addition
STREET ADDRESS		PLUD	4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP	meaml PL 3	3 /43	4.3 STREET ADDRESS	I_I	, 1
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		Z GRANDO LLI MODILION
STREET ADDRESS			5.3 STREET ADDRESS	\mathcal{A}_{0}	<i>ロ</i> カー 1
CITY-ST-ZIP			5.4 CITY-ST-ZIP	///	7/1 /
TITLE		DELETE	6.1 TITLE	60000249229	Change Addition
NAME			6.2 NAME	-04/17/9801052032	4_29.561(01)
STREET ADDRESS			6.3 STREET ADDRESS	***158.08	•
CITY-ST-ZIP			6.4 CITY - ST - ZIP	**************************************	
de Ibarah	artification along independent of the fact				1

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 on an attachment with an address.