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## 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 # P97000098036 (1)

BARBA	ra B. Gi	MENEZ, P.A.											
Principal Plac	e <b>of B</b> usines	is		Mailing Address	-,,**				n isantimas isa tasti taani danis nasist dalis maist	(816) (BIII 81		1 <b>4</b>	
420 LINCOLN ROAD SUITE 600			420 LINCOLN ROAD SUITE 600			ĺ							
MIAMI BEACH	1 FL <b>3</b> 3139			MIAMI BEACH FL 33139				-	DO NOT WRITE IN TH	IS SPACE			7
								}	3. Date Incorporated or Qualified				}
2. Principal P	lace of Busi	ness	7 2	a. Mailing Address					11/14/1997 4. FEI Number		ΙΔnı	olied For	$\dashv$
21			26	¬ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					65-0314949		<del></del>	Applicable	1
Suite, Apt.	#, etc.		7	Suite, Apt. #, etc.						\$8.		dditional	1
22			27	<u> </u>					5. Certificate of Status Desired		e Rec		j
City & Stat	0			City & State					6. Election Campaign Financing	\$5	.00	May Be	]
23			28						Trust Fund Contribution	A	ded to	Fees	1
—, Zip		Country		<i>7.</i> ip ⊐	$\vdash$	Country			8. This corporation owes or has paid the		_		
24		25	29		30				Personal Property Tax due June 30.	L Yes	Ц	No	_
		and Address of Curre	nt Reg	pistered Agent		-			10. Name and Address of New Register	a Agent			4
	MENEZ, BA					81	Name			<del></del>			_
420 LINCOLN ROAD SUITE <b>6</b> 00						82	Street A	Address	s (P.O. Box Number is Not Acceptable)				ı
_		f FL 33139				83							1
14116	WIN PLACE	116 00100				_							4
						84	City		F	85	Zip C	ode	-
11. Pursuant office or r agent. I a	to the provis egistered ag m familiar w	ions of Soctions 607,050 gent, or both, in the State ith, and accept the oblig	02 and of Flo ations	607,1508, Florida Statu orida. Such change was of, Section 607,0505, Fl	tes, the authoria lorida S	abovi ed by tatute:	o-named of the corp	corpora poration	ation submits this statement for the purpose is board of directors. I hereby accept the a	of chang ppointme	ing its	registered egistered	1
SIGNATURE	StonAlure type:	i ov poured name of recycloped an	ent and t	ulio il apolicable (NO	1 Renistr	ered Ans	ent signature o	v beviugen	then reinstating) DATE				
12.	Signature, typed or printed name of registried agent and title if epplicable (NOTE OFFICERS AND DIRECTORS					3.			ADDITIONS/CHANGES TO OFFICERS A		TORS	S IN 12	ď
TITLE	D			☐ DELET <b>E</b>	1.1	TITLE				Cha	inge	Addition	
NAME	GIMENEZ, BARBARA B					1.2 NAME							12
STREET ADDRESS	420 LINCOLN ROAD STE 600					1.3 STREET ADDRESS							ľ
CITY-ST-ZIP	MIAMI BEACH FL 33139					1.4 CITY-ST-ZIP				_			15
TITLE	DELETE					2.1 TITLE				Cha	nge	Addition	75
NAME					2.2	NAME	1	}					
STREET ADDRESS					2.3	STREET	ADDRESS	1					
CITY-ST-ZIP					2.	4 CITY-	ST-ZIP						╧
TITLE	☐ DELETE					3.1 TITLE				Cha	.nge	Addition	
NAME					3.2	3.2 NAME							ļ
STREET ADDRESS	ss					3.3 STREET ADDRESS							
CITY-ST-ZIP						3.4. CITY-ST-ZIP						<del></del>	1
TITLE	DELETE					4.1 TITLE				Cha	:nge	Addition	
NAME					4.1	3 NAME	1						
STREET ADORESS	s						ADDRESS	İ					1

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 corporate 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 change 1, or of an attachment with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

JULE. NAME

DELETE

DELETE

4/23/98

305-531-254S

Change

Change

Addition

Addition

**FILED** 

Apr 29 1998 8:00am

Secretary of State