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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary 1998 DIVISION OF CO			1 35015141 V 01 31415		
DOCU 1. Corporatio		0098176 (5)			· • ·
044					
Principal Plac	e of Business	Mailing Address		I realisa in tant statt soilt shin sant sait	a install states einest banden mitte 1904
174 N.W.98 ST. 174 N.W.98 ST. MIAMI FL 33150				DO NOT WRITE IN TH	HIS SPACE
ļ				3. Date Incorporated or Qualified	
A Dringing D	1	Las Maries Adda -		11/17/1997	·- <u> </u>
L	lace of Business	2a. Mailing Address		4. FÉI Number	Applied For
21 Suite, Apt.	#. etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22	4.	27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23	·	28		Trust Fund Contribution	Added to Fees
Zip	Gountry	Zip	Country	8. This corporation owes or has paid the	
24	25 9. Name and Address of Currer		10	Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30.	Yes No
		it nagistered Agent	81 Name	IV. Name and Address of New Register	led Wileur
	IIT-FRERE, JOSEPH F				·
174 N.W.98 ST. MIAMI FL 33150			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	'.
1711/2	WHITE 03100		83	,	1.
			84 City		85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State)2 and 607.1508, Florida Statutes of Florida, Such change was au	the above-named corp thorized by the corporat	poration submits this statement for the purposion's board of directors. I hereby accept the	se of changing its registered appointment as registered
agent. I a SIGNATURE	m lamiliar with, and accept the oblig	ations of, Section 607.0505, Flori	da Statutes.		
	Signature, typed or printed name of registered age		Registered Agent signature requir		
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	
NAME	PETIT-FRERE, JOSEPH F	beccie	1.2 NAME	4000024896 -04/15/98010421) The state of the
STREET ADDRESS	174 N.W.98 ST.		1.3 STREET ADDRESS	***150.00	030
CITY-ST-ZIP	MIAMI FL 33150		1.4 CITY-ST-ZIP	<u> </u>	
TITLE	Ď	☐ DELETE	2.1 TITLE		Change .
NAME	PETIT-FRERE, ANGE M		2.2 NAME		7 .
STREET ADDRESS	174 N.W.98 ST.		2.3 STREET ADDRESS		k ³ #kasan
CITY-ST-ZIP	MIAMI FL 33150		2. 4 CiTY - ST - ZiP		Will the
TITLE		DELETE	3.1 TITLE		Change
NAME			3 2 NAME		100
STREET ADDRESS		1	3.3 STREET ADDRESS		F
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	 	Chan to
NAME		beter;	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•.	₩ ₩
CITY-ST-ZIP			4.4 CITY-ST-ZIP	* . * S	3,
TITLE		DELETE	5.1 TITLE	1	Change
NAME			5.2 NAME)	dk.Z
STREET ADDRESS			5.3 STREET ADDRESS	<h< th=""><th>ር // ሥ</th></h<>	ር // ሥ
CITY-ST-ZIP		Decem	5.4 CITY - ST - ZIP	\	`\
TITLE		DELETE	6.1 TITLE	·	'L Change
NAME CTREET ADDRESS			6.2 NAME		

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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ir 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 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 appeals a property of the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appeals the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appeals the corporation of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appeals the corporation 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 to the corporation of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears to the corporation of the corporatio

6.4 CITY-ST-ZIP

FILED

Apr 15 1998 8:00am