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

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14 1998 8:00am Secretary of State

REVIST	e of Business ROVELEAF AVENUE	Mailing Address 1766 EAST GROVELEAF PALM HARBOR FL 3468	AVENUE		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	IS SPACE	
				11/19/1997		
2. Principal P	face of Business	2a. Mailing Address		4. FFI Number 59-3478745	Applied for	
Suite, Apt. #, etc.		Suite, Apt #, etc			Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Stato		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	28	Country	Trust Fund Contribution 8. This corporation owes or has paid the	Added to Fees	
24	25	29	30	Personal Properly Tax due June 30.	Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Register	ed Agent	
	IERILAWYER		81 Nanii	e		
343 ALMERIA AVENUE CORAL GABLES FL 33134			82 Street	t Address (P.O. Box Number is Not Acceptable)		
CO	MAL GADLES PL 33134		83			
			54			
			84 City	F	85 Zip Code	
office or r agent. I a SIGNATURE	ogistored agent, or both, in the State in familiar with, and accept the oblig Signature, typed or professional directions of regulated as	of Florida, Such change was ations of, Section 607.05 0 5, Fl	authorized by the co orida Statutes.	ed corporation submits this statement for the purpose proration's board of directors. I hereby accept the a corporation when reinstaling) DATE DATE	appointment as registered	
12. THILE	PD	DETETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition	
NAME	DURAN, LUIS F		1.2 NAME			
STREET ADDRESS	1766 EAST GROVELEAF AVE	NUE	1.3 STREET ADDRESS	S		
CITY-ST-ZIP	PALM HARBOR FL 34683		1.4 CITY- ST- ZIP			
TITLE	VSTD	DELETE	2 1 111LF		Change Addition	
NAME	SIQUEIRA, ANA C 1766 EAST GROVELEAF AVE	AH FC	2.2 NAME			
STREET ADDRESS	PALM HARBOR FL 34683	INUE	2.3 STREET ADDRESS 2.4 City - St - Zip	S		
CITY-ST-ZIP TITLE	TARRETTINDOTT L OTOUS	DELETE	3 1 Hitt		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3 3 STHEET ADDRESS	3		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. C/TY - \$1 - ZIP			
TITLE		☐ DELETE	4 1 11TLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	5		
CITY-ST-ZIP TITLE		DELFTE	4.4 City-ST-ZiP 5.1 TITLE		Change Addition	
NAME		الماسية الماسية	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 1/11 E		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS	; 		
CITY-ST-ZIP			6.4 CHY-S1-ZIP			

14. Thereby 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 tracted employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an algorithm with an address.