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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT 1. Corporation Name	#	P97	000	10	06	90
FUTURE		RSON				

FILED Jun 05, 1998 8:00 am Secretary of State

1. Corporation Name		
FUTURE PERSONNER, INC.		
, 010KC		
Principal Place of Business Mailing Address		The second secon
YOU FACT IST AVE		
70/ 645/ / 7/66 4		
407 East 1st AVE. Hialeah FL. 33010		DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualified 1/- 27- 97
2. Principal Place of Business 28. Mailing Address		
Same as above 26		
Suite, Apt. #, etc. Suite, Apt. #, etc.		60.75
27		5. Certificate of Status Desired Fee Required
City & State City & State		6. Election.Campaign.Financing \$5.00 May Be
3 28		Trust Fund Contribution Added to Fees
Z ₁ p Country Zip	Country	8. This corporation owes or has paid the current year Intangible
4 25 29	30	Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent	81 Name	10. Name and Address of New Registered Agent
LEANURD RelobA	81 Name	
1495 E. 54 ST	82 Street Ad	Idress (P.O. Box Number is Not Acceptable)
1995 2 33 110	83	
Hialent FL. 33010		
	84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508/Florida Statu	ites, the above-named co	progration submits this statement for the purpose of changing its registered
office or registered/agent, or both, in the State of Florida. Such changewas agent. I am familiar with, and accept the obligations of Section 607,0505, F	authorized by the corpor	ration's board of directors. I hereby accept the appointment as registered
	iorida Statutes.	5/18/98
SIGNATURE Signature-typed or printed name of registered agent and title it Applicable (NO	TE: Registered Agent signature red	jured when reinstating) DATE
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
DELETE DELETE	1.1 TITLE	Change Addition
LEAVURO RELOBA	1.2 NAME	
STREET ADDRESS 495 E, 54 ST. CITY-ST-ZIP 4141864 FT. 33013	1.3 STREET ADDRESS	
	1.4 CITY-ST-ZIP	
	2.1 TITLE	L_I Change L_J Addition
NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	
DELETE	2.4 CITY - ST-ZIP	Change Addition
NAME .	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	
CITY-ST-ZIP	3.4. CITY-SI-ZIP	·
TITLE DELETE	4.1 TITLE	Change Addition
NAME .	4. 2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	
OTILE DELETE	5.1 TITLE	Change Addition
IAME	5.2 NAME	75
TREET ADDRESS	5.3 STREET ADDRESS	, 5
OTY-ST-ZIP	5 4 CITY - ST - ZIP	<u></u>
ITTLE DELETE	6.1 TITLE	
VAME .	6.2 NAME	800002550728 -06/08/9801034020
ETREET ADDRESS	6 3 STREET ADDRESS	

14. Thereby certify that the information supplied with this filling 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 suppliemental 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 for on an attachment with an address.

SIGNATURE:

NAME

STREET ADDRESS

4-29-98

***158.75