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 # P97000102443 (3)

1. Corporatio	IING ACTION, INC.	(0,			. 4.40 BIBES 410 (84)
Principal Plac	e of Business	Mailing Address			i DEDLI OLEDO ALIA EDUL
7220 NW 36TH STREET 7220 NW 36TH STREET SUITE 643 MIAMI FL 33166 MIAMI FL 33166				DO NOT WRITE IN THIS SPACE	
MIAMI PL 33	100	MIAMI FL 33166		3, Date Incorporated or Qualified	1
				12/04/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		(£-0198307	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc. 27		I E Corbboate of Statue Degree I I I I	8.75 Additional Fee Required
City & State		City & State			5.00 May Be
23		Zip Country		Trust Fund Contribution Added to Fees	
Zip	Country 25	29	Country	8. This corporation owes or has paid the current y Personal Property Tax due June 30.	
24	9. Name and Address of Cui		30	Personal Property Tax due June 30. Ye 10. Name and Address of New Registered Agen	
۵۱.	CQUES, ROSA		81 Name		
	20 NW 36TH STREET		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 643			50 Street Auc	aress (P.O. Box (40mber is 140) Acceptable)	
MIAMI FL 33166			83		
19/00			84 City	FL 85	Zip Code
11 Pursuant	to the provisions of Section, 607	0502 and 607 1508 Florida Statu	tes the above-named cou		naina its registered
office or r	registered agent, or both, in the S	tate of Florida Such change was	authorized by the corpora	rporation submits this statement for the purpose of charation's board of directors. I hereby accept the appointm	nent as registered
SIGNATURE	arriaminar with, and accorpt the or	angumons of acciton oor cooo; in	REGISTERED		R
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable (NO	E: Registered Agent signature req.	uired when reinstaling) DATE	<u></u>
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIR	The second secon
TITLE	PD BOOK	☐ DELETE	\$.1 TITLE		Change Addition
NAME	JACQUES, ROSA	TC 640	1,2 NAME		
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VST	DELETE	1.4 CITY-S1-ZIP 2.1 TITLE		Change Addition
NAME	JACQUES, ROSA	officir	2.2 NAME		mango 🗀 Rudillon
STREET ADDRESS	7220 NW 36TH STREET S	TF 643	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY~ST-ZIP		
TOTLE		☐ DELETE	4.1 TITLE		Change
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		I Drutte	4.4 CITY - ST - ZIP		Near Tables
TITLE		☐ DELET e	5.1 TITLE	L, l	Change
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	П	Change Addition
NAME		DECEIL	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-7IP			6.4 CITY-ST-ZIP		

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 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 chapters or on an attachment with an address.

FILED

Apr 24 1998 8:00am

Secretary of State