**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

المتبتنيد بالمرج

Katherine Harris

Secretary of State

	DIV.	ISION OF CO	ORPORATIONS			
DOCUMENT # P 98000	013191	المالية المالية				
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PRE-BUY, INC.						
Principal Place of Business	Mailing Addre	38		=		
•			40TH 5T			
MAMI.		-	-	200	IOT WRITE IN THIS SPACE	
	SUITE			3. Date Incorporated or		<del></del>
	MIAMI	FL	33155	FEB	109 1998	
2. Principal Place of Business	2a. Mailing Ad	dress		4, FEI Number 65-08116	(2)	pplied For
Suite And # ale	Suite, Apt.	# ata		109-00 IIC		ot Applicable Additional
Suite, Apt. #, etc.	27	#, ElC.		5. Certificate of Status D	aeirad II	equired
_ City & State	City.&.Stat	θ		=6, Election-Campaign:Fit	nancing = \$5.00	:May.Be
23	28			Trust Fund Contribution	L 1	to Fees
Zip Country	Zip		Country	8. This corporation owe:	the current year intangible	
24 25	29		30	Personal Property Ta		□No
9. Name and Address of Current	t Registered Agen	<u> </u>	81 Name	10. Name and Address	of New Registered Agent	
AURELIO A. VAICARCEL A				TURELIO A	r. VALCARCE	<u> </u>
1039 SW 134 CT			82 Street Addre	ess (P.O. Box Number is No 30 SU	Acceptable)	
			83			
MIAMI, FL 3318	4		84 City 1 4		les Zin	Code_
		•		IAMI	FL   1	31 <u>84</u>
<ol> <li>Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State</li> </ol>	and 607,1508, Flo	rida Statutes.	, the above-named corporation	pration submits this statement	t for the purpose of changing its	registered cistered
agent. I am familiar with, and accept the obligat	ions of Section 607	.0505, Florid	la Statutes.		-,	
SIGNATURE Signature, typed or printed name of pageatered Signi	t and tele if applicable.	25/0E	Agent signature required	Marian representations	DATE	<u> </u>
12. OFFICERS AN		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.		TO OFFICERS AND DIRECTO	ORS IN 12
TITLE PRESIDENT		DELETE	1.1 TITLE		☐ Change	O 4 4455
NAME AVEELLO A VALCA	سارس					☐ Addition
1 mmm 1000000 100 20 C . 10 U. C.	A		1.2 NAME			L_I Addition
STREET ADDRESS 1039 SW 124 CT	•	•	1.2 NAME 1.3 STREET ADDRESS			L_I Addition
CITY-ST-ZIP MIAMI, FL 331	84.	nei ett	1.3 STREET ADDRESS 1 4 CITY-ST-ZIP		□ Charge	
TITLE VICE-PRESIDENT	вч. -	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change	Addition
CITY-ST-ZP MIAMI, FL 3311 TITLE VICE-PRESIDENT NAME JORGE VALCARCE	β4. υ	DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		Change	
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CITY-ST-ZIP MIAMI, FL 3316 TITLE VICE-PRESIDENT NAME JORGE VALCABOR STREET ADDRESS GGO7 GW 70 AV CITY-ST-ZIP MAN FL 3310	84. 5L E.		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	,		☐ Addition
CITY-ST-ZIP MIAMI, FL 3316  TITLE VICE-PRESIDENT  NAME JORGE VALCABOR  STREET ADDRESS 6007 SW 70 AV  TITLE WALL FL 3310	84. 5L E.		1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	•		☐ Addition
CITY-ST-ZIP MIAMI, FL 3311 TITLE VICE-PRESIDENT NAME JORGE VALCARCE STREET ADDRESS GGO 7 SW 70 AV CITY-ST-ZIP MAMI FL 3311 TITLE NAME	84. 5L E.		1.3 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	,	Change	Addition
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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 changed for on an attachment with an address, with all other like empowered.

AND TYPE DOR HARTED NAME OF SIGNAR OFFICER OR DIRECTOR

Date

Degree Priors 5

SIGNATURE:

FEB 1014. 1999 (305) 460 6300