

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

FILED

**Feb 06 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DO NOT WRITE IN THIS SPACE

DOCUMENT # S07153 (7)

1. Corporation Name
REDLAND F.A.A., INC.

Principal Place of Business 14695 S.W. 216 ST. MIAMI FL 33170-2304	Mailing Address 14695 S.W. 216 ST. MIAMI FL 33170-2304
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3. Date Incorporated or Qualified
10/19/1990

2. Principal Place of Business 21 15120 SW 145 ST	2a. Mailing Address 26 15120 SW 145 ST
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4. FEI Number
65-0221472

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 City & State MIAMI FL	28 City & State MIAMI FL
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6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip 33196	25 Country AADE	29 Zip 33196	30 Country AADE
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8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

ARMENTI, MARIO
14695 S.W. 216 ST.
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	15120 SW 145 Street
83	
84 City	MIAMI FL
85 Zip Code	33196

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	ARMENTI, MARIO	
STREET ADDRESS	14695 S.W. 216 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	
NAME	ARMENTI, MARIO	
STREET ADDRESS	14695 S.W. 216 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS	15120 SW 145 ST	<input checked="" type="checkbox"/>	
1.4 CITY-ST-ZIP	MIAMI FL 33196	<input checked="" type="checkbox"/>	
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS	15120 SW 145 ST	<input checked="" type="checkbox"/>	
2.4 CITY-ST-ZIP	MIAMI FL 33196	<input checked="" type="checkbox"/>	
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 changed, or on an attachment with an address.

SIGNATURE: MARIO ARMENTI **02/02/98** **305-3780694**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0237416

CFR2E034 (10/97)