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

FILED Feb 23 1998 8:00am Secretary of State

•	on Name	# 52186 Rida, Inc.	8	(2)					ı Biğil biğir	\$(B() 016() 186;	
Principal Pla	ce of Busines	is .	М	alling Address				-\	J Gilgil Did il	OLIN CITIE HED!	
APARTADO 5624, SAN JOSE 1000 APARTADO 5624, SAN JOS											
COSTA RICA. CENTRAL AMERICA				COSTA RICA, CENTRAL AMERICA				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified	JEAUE		
								12/31/1990			
2. Principal Place of Business				2a. Mailing Address				4. FEI Number		Applied For	
21				26				98-0115209		Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional	
City & State				City & State						Required	
23]				28				Election Campaign Financing Trust Fund Contribution		00 May Be	
Zip Country			20	Zip Country				Trust Fund Contribution			
24	25		29	30		•		Personal Property Tax due June 30. Yes No		A(NoN K	
9. Name and Address of Current								10. Name and Address of New Registered Agent			
\$0	Chrader, i	robert g			8	1 N	lame			· · · · · ·	
200 EAST BROWARD BOULEVARD							treet Addre	ess (P.O. Box Number is Not Acceptable)			
FT LAUDERDALE FL 33301											
				83							
					8	84 City			85 Z	ip Code	
44 Purpusant to the provisions of Continue 207 0000 and 007 4000 Ft. 11 000						the above-named corporation submits this statement for the purpose of changing its register borized by the corporation's board of directors. I hereby accept the appointment as registere a Statutes.				·	
office or	registered ag	ent, or both, in the State	of Floric	da. Such change was	es, the abb authorized b	ve-na by the	amed corpo e corporatio	pration submits this statement for the purpose of on's board of directors. I hereby accept the appli	changing ointment	g its registered as registered	
	am familiar wi	th, and accept the obliga	ations of	, Section 607.0505, Fig.	orida Statute	es.		, , , , ,			
SIGNATURE	Signature, typed	or printed name of registered age	nt and trie	if applicable (NOT	E Registered A	aent sia	analura requirer	d when reinstating) DATE			
12.		OFFICERS AND	DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TITLE	DP			DELETE 1.1		1.1 TITLE			Change		
NAME	407 FOOL OLD 100F 4000			1.2 N		1.2 NAME					
STREET ADDRESS	COOTA DICA CA			1.3 \$			STREET ADDRESS				
CITY-ST-ZIP		HICA, C.A.		Lasiere	1.4 CITY-		Р				
TITLE	DV	CINOS, OLGA		☐ DELET E	2.1 TITLE		1		Change	e L Addition	
NAME		•			2.2 NAME		!			1	
STREET ADDRESS	00074 0104 0 4				1	2.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	DS DS					2. 4 CITY - ST - ZIP 3.1 TITLE			Change	e Addition	
NAME	HOUSMAN, DAVID G.					3.2 NAME			- viailit		
STREET ADDRESS	6824 LOS TRECHOS NE					T ADDI	RESS				
CITY-ST-ZIP	ALDUOLICOOLIC NIM ATAMA			3.4. CITY-ST-ZIP			1				
TITLE				DELETE	4.1 TITLE			·	Change	Addition	
NAME					4. 2 NAME	E			·		
STREET ADDRESS					4.3 STREE	T ADD	RESS			i	
CITY-ST-ZIP				h	4.4 CITY-	ST-ZIP	>				
TITLE				DELETE	5.1 TITLE				Change	Addition	
NAME					5.2 NAME						
STREET ADDRESS					5.3 STREE	T ADDE	RESS				
CITY-ST-ZIP				Nr. Fre	5.4 CITY-	ST-ZIP	·				
TITLE				☐ DELETE	6.1 TITLE			,	Change	Addition	
NAME OZOSET ADDRESS					62 NAME						
STREET ADDRESS					6.3 STREE						
CITY-ST-ZIP		11 2 0 0		, , , , , , , , , , , , , , , , , , ,	6.4 CITY-	ST-ZIP	<u>' </u>				

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 subplemental 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 co-poration 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 changes, or on an attachment with an address.