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 # S3106

(7)

FILED Feb 17 1998 8:00am Secretary of State

1. Corporation		G IM		S CORPO		N	(')					
		.				•••						
Principal Place	e of Busine	55			M	lailing Ao	dress					-
250 CATALO	NIA AVENUE				!	9441 SW	4TH ST					
SUITE 302 104									:	DO NOT WRITE IN THIS SPACE		
CORAL GABLES FL 33134 MIAMI FL 33174 US US										3. Date Incorporated or Qualified		
												02/12/1991
	2. Principal Place of Business 2a. Mailing Addre											4. FEI Number Applied For
	180	471	<u> </u>		26							65-0245662 Not Applicab
22 104	Ob. B OLLA						Suite, Apt. #, etc.					5. Certificate of Status Desired See Required Fee Required
23 HIAN	ni	FI.			28	City & S	Stete					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country					Zíp				Country			8. This corporation owes or has paid the current year Intangible
24 651	14	25		de	29			30				Personal Property Tax due June 30. Yes No
			Addre	ss of Curre	nt Regis	tered A	ent		61	Name		10. Name and Address of New Registered Agent
	OSTA, RA								וס	Name		
	41 SW 4TI	H ST							82	Street	Addres	ess (P.O. Box Number is Not Acceptable)
	T 104	474						ł	83			
MI/	AMI FL 33	174										
	_								84	7		FL 85 Zip Code
 Pursuant to office or re 	to the providegistered a	sions c gent, c	of Sect or both	ions 607.050 , in the State)2 and 6 e of Flori	07.1508, da. Such	Florida Statu change was	tes, the ab authorized	ove I by	e-named the cor	l corpoi poratio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I ai SIGNATURE	m familiar v	ith, an	nd acci	ept the oblig	ations o	f, Section	1 607.0505, F	lorida Stati	utes	5.		
	Signature, type	d or print	ed name	of registered ag	ent and teld	if applicabl	e (NO	TE Registered	Age	int signature	e required	d when reinstating) DATE
12.		 .	0	FICERS AN	ID DIREC	CTORS	DELETE	13.			·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	· A D A	111				DELETE	1.1 TiT				L Change Addition
NAME STREET ADDRESS	ACOST			APT 104				1.2 NA		ADDRESS		
CITY-ST-ZIP	MIAMI		וטוז	AFT 104				1.3 ST				
TITLE	(AIN ALL)						DELETE	2.1 T(T		1-20	 	☐ Change ☐ Addition
NAME								2.2 NA	ME			
STREET ADDRESS								2.3 ST	REET	ADDRESS		
CITY-ST-ZIP								2. 4 CI	IY-5	ST-ZIP		
TITLE							DELETE	3 1 TIT	LE			Change Addition
NAME								3.2 NA				
STREET ADDRESS										address		
CITY-ST-ZIP							DELETE	3.4. CIT		T-ZIP		Change Additio
TITLE							- DETELE	4.1 TITI 4. 2 NA				L_j Change L_j Addino
NAME STREET ADDRESS										address		
CITY-ST-ZIP								4.4 CIT				
TOTLE						,	DELETE	5.1 TiT	_	 		Change Additio
NAME								5.2 NA	ME			
STREET ADDRESS								5.3 \$16	REET	ADDRESS		
CITY-ST-ZIP								5.4 CIT	Y - S	T-ZIP		
TITLE	-			_			DELETE	6.1 TIT	LE			☐ Change ☐ Additio
NAME								6.2 NA				
STREET ADDRESS										ADDRESS		
CITY-ST-ZIP								6.4 CIT	Y - \$1	T-ZIP	L	

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.

CIONATURE.

RACI ACALICE

2/6/08 (787)869-4747