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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998

(4)

DOCUMENT #
1. Corporation Name

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**FILED** Feb 02 1998 8:00am Secretary of State

CORN	WALL IN	ading Company									
Principal Plac	e of Busines	is	Mailing	Address				# (##11#1# 110   #### 11## 101## 11###			
20120 NW 58TH AVE 20120 NW 58TH AVE					İ						
HIALEAH FL 33015-4966 HIALEAH FL 33015-4966							DO NOT UDO				
							-	DO NOT WRF  3. Date Incorporated or Qualified		SPACE	
								08/15/1991	l		İ
2. Principal P	lace of Busi	ness	2a. Mai	ling Address				4. FEI Number		1 1	Applied For
21			26					65-0291442			Not Applicable
Suite, Apt.	#, etc.			e, Apt. #, etc.				· · · · · · · · · · · · · · · · · · ·	K		Additional
22			27				1	5. Certificate of Status Desired			Required
City & Stat	е		City	& State				6. Election Campaign Financing		\$5.0	О мау Ве
23		,	28					Trust Fund Contribution			d to Fees
Zip		Country	Zip		Cour	try		8. This corporation owes or has p			
24		25	29		30			Personal Property Tax due Jur		_	No
07		and Address of Curre	ent Registered	Agent		31 Name		10. Name and Address of New F	egistered	1 Agent	
		ONTECINO			ľ	at Name	Į.				
	1120 NW 58				-	32 Street	Addres	s (P.O. Box Number is Not Accepta	able)		
nu	ALEAN FL	33015-4966			-	33					
					l'						[
						34 City			FI	<b>L</b> ]   '	p Code
11. Pursuant office or ragent, I a	to the provis egistered ag m familiar w	ions of Sections 607.05 pent, or both, in the Stat ith, and accept the obli	602 and 607.15 te of Florida. S gatlons of, Sec	508, Florida Statut uch change was a stion 607,0505, Flo	es, the ab authorized orida Statu	ove-named by the contest.	d corporation	ation submits this statement for the 's board of directors. I hereby acc	purpose ept the ap	of changing pointment a	its registered as registered
-3		,									1
SIGNATURE	Classical Land	lar adalasi sana di sasarada				A					
	Signature, typed	or printed name of registered a	gent and litte if appl	icable. (NOT	E: Registered	Agent signatur	e required v	when reinstating)	DATE	ID DIRECTO	DRS IN 12
SIGNATURE  12. TITLE	Signature, typed			icable. (NOT			e required v		DATE	ID DIRECTO	
12.	PD		gent and litte if appl	icable. (NOT	E: Registered	E	e required v	when reinstating)	DATE		
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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 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 supplied with that I am an officer or director of the corporator for the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if changes for an address.

6.3 STREET ADDRESS

STREET ADDRESS

Atecino Stemart

1/12/98