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

OLIMENIT #

101

1. Corporation	Y RESOURCES OF AMERIC e of Business TH AVENUE	` '		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified 10/11/1991	
	Place of Business	2s. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		65-0296432	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Z _{ID}	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	 This corporation owes or has paid the corporation. Personal Property Tax due June 30. 	urrent year Intangible
	9. Name and Address of Curre		1001	10. Name and Address of New Registered	
SA	NABRIA, EDUARDOJOSE		81 Name		
14	514 SW 57TH TERRACE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
Mi	AMI FL 33183		83		
			83		
			84 City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered
agent. I a	registered agent, or troth, in the Stati im familiar with, and accept the oblig Signature, typed or printed issue of registered ag	gations of, Section 607.0505, Flo	authorized by the corporational Statules. E. Registered Agent signalure require.		pointment as registered
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PD	DELETE	11 TITLE		☐ Change ☐ Addition
NAME	SANABRIA, EDUARDO J.		1.2 NAME		
STREET ADDRESS	4300 SW 75TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	SANABRIA, ANA MARIA	_	2.2 NAME		
STREET ADDRESS	4300 SW 75TH AVENUE		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		2. 4 CITY - ST - ZIP		
TITLE	is the second se	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADORESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE NAME		☐ bereig	5.1 TITLE 5.2 NAME		☐ purende ☐ vons((0))
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	_		5.4 CITY-\$T-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST ZIP			64 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 sequial 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 of the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, do a statehment with an address.

SIGNATURE:

FILED

Apr 21 1998 8:00am

Secretary of State