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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Apr 28	1998	8:00am
Secre	tary o	f State

FILED

Principal Place	e of Business	Mailing Address	<u></u>				
5240 NW 167 STREET 5240 NW 167 STR		5240 NW 167 STREET HIALEAH FL 33014			DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualified 12/10/1991		
	ace of Business	2a. Mailing Address			4, FEI Number		oplied For
Suite, Apt.	# ato	Suite, Apt. #, etc.			65-0303793		lot Applicat
22 Suite, Apt. 4	π, οισ.	27 Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	}	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Ζφ	Count	try	8. This corporation owes or has paid to	he current year Ir	ntangible
24	25	29	30		Personal Property Tax due June 30.		□ No
	g. Name and Address of Curre	***************************************		Name	10, Name and Address of New Regist	tered Agent	
	MET, LICKSTEIN, MORGENSTEI	RN, BERGER, FRI	L				
	D, BROOKE & GORDON, P.A. I ALHAMBRA CIR SUITE 1200		8	Street Ac	ddress (P.O. Box Number is Not Acceptable)		-
	RAL GABLES FL 33134		8	33			
	THE WADELD I COOKS		-	<u> </u>		7777	0-1
			8	City		FL 85 Zip	Code
	othe provisions of sections 607.000 egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida Such change was gations of, Section 607.0505, I	utes, the abo s authorized Florida Statut	ove-named co by the corpo tes.	orporation submits this statement for the purp oration's board of directors. I hereby accept th	iose of changing ne appointment a	its register s registere
SIGNATURE	Signature, typed or printed name of registered ag	eo and tilic if applicable (No	OTL: Registered /		equired when reinstating) (DATE	
SIGNATURE	Signature, typed or printed name of registered ag			Agent signature re		DATE	RS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered ag OFFICERS AN	isot and title if applicable (NI ND DIRECTORS	OTE: Registered /	Agent signature re	equired when reinstating) (S AND DIRECTO	RS IN 12
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andicated 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 additional formal statutes; and that my name appears in a signature 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 a slock 12 or Block 13 if changed, or on an attachment with an address.