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 #

(1)

FILED Mar 13 1998 8:00am Secretary of State

CLAR	EL CORP. % CLARA R. YOU	NG				\$ 1881 BUSS OF BUSS OF BUSS OF BUSS OF BUSS OF BUSS		##### ################################
•								
Principal Plac	e of Business	Mailing Address					//W// W/W// #/W//	ANDIE WIARE PARI
1581 BRICKELL AVE SUITE T-201 MIAMI FL 33129		1581 BRICKELL AVE Suite T-201 Miami Fl 33129				DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualified		
9 Principal D	Place of Business	2a, Mailing Address				03/12/1992 4. FEI Number		<u>.</u>
	Idou of Business	1 · · · · · · · · · · · · · · · · · · ·					+ →	Applied For
Suite, Apt. #, etc.		Suite, Apt #, etc.				65-0327656		Not Applicable Additional
22		27				5. Certificate of Status Desired		Required
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
Zip Country						Trust Fund Contribution	····	to Fees
24	25	29	1			This corporation owes or has paid the c Personal Property Tax due June 30.	'	ntangible No
9, Name and Address of Current					10. Name and Address of New Registered			
YOUNG, CLARA					Name			
	581 BRICKELL AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	UITE T-201				Sileet Add	ress (1.0. box Number is Not Acceptable)		
. M	IIAMI FL 33129			83				
•				84	City	F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida State	utes, the al	pove	-named core			its registered
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligat	Horida, Such change was	authorize	d by	the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment a	s registered
SIGNATURE			tortelo Oldi	10100	•			
	Signature, typica or printed name of represent agent)TE Registere	d Ager	nt signature requi	red when reinstating) DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D VOINIO OLADA	☐ DELETE	1.1 70		ŀ		Change	Addition
NAME YOUNG, CLARA STREET ADDRESS 1581 BRICKELL AVENUE SUI		TE T 001	1.2 NAME					
CITY-ST-ZIP MIAMI FL 33129		IC 1-201				·		i
TITLE	D D	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			Change	☐ Addition
NAME		Marine Allera		AME			Carlo Go	
STREET ADDRESS	1581 BRICKELL AVENUE #T	-201			ADDRESS			
CITY-ST-ZIP	MIAMI FL			HTY-\$1				
TITLE		DELETE	3.1 TITLE			, ÷	Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY-ST-ZIP		The Report	3.4 CITY-ST-ZIP		T-ZIP		17 A	
TITLE		L_I DELETE	4.1 TITLE 4. 2 NAME				L Change	☐ Addition
NAME CERTET ADDRESS					*DODCCC			
STREET ADDRESS CITY-ST-ZIP					ADDRESS			
TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		- ZIP		Change	☐ Addition
NAME		<u> </u>	52 NAME				Sincingo	
\$TREET ADDRESS					ADDRESS			
CITY-ST-ZIP				1Y-S1				
TITLE		DELETE.	61 TITLE				Change	☐ Addition
NAME			62 NA	AME				
STREET ADDRESS			6 3 ST	rreet #	ADDRESS			
CITY-ST-ZIP	<u></u>		6.4 DI	TY-ST	- ZIP			
14. I horeby o	certify that the information supplied with	ithis filing does not qualify.	for the exc	empti	ion stated in	Section 119.07(3)(i), Florida Statutes. I further of	ertify that the	e information

oort is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address.