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

Į.	Ociporation	MENT Name CORPOR/	# V2602 6 ation	(7)									11 1 1 1 1 1 1 1 1 1
Principal Place of Business Mailing Address										HIR HIR IN WALLE BORNE HI	III OIII 140II I	UIBII UIBII UIBII U	11 11
13051 SW 29 CT 9572 SW 57 ST													
DAVIE FL 33330				MIAMI FL 33173				DO NOT WRITE IN THIS SPACE					
								3. Date Incorporated or Qualified					
									04/01/1	992			
	Principal Pl	ncipal Place of Business 2a. Mailing Addr							4. FEI Numbe				Applied For
21				26			65-0323561				Not Applicable		
Ь	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate	of Status Desired			Additional	
22	City & State			City & State			6 Floring O				Required		
23	Ny & State		28				1	ampaign Financin Contribution	g []	, .	O May Be d to Fees		
1	Zip	p Country		Zip	Co	Country			 	ration owes or ha	s paid the		
24		25 29			30	30			Personal Pi	roperty Tax due J	une 30.	Yes	□ No
		9. Name and Address of Current		Registered Agent						Address of New	Register	ed Agent	
GALLO, CARMEN						81	Name	ΕC	ICENIO	LASCU.	マイノノ	/	
9572 SW 57 ST						82				mber is Not Acce	ptable)		
	MIA	MI FL 331	173			83	12	<u> </u>	7 5W	29 C			
							130	<u> </u>	/ 300	27 C.	,		
						84	City 2	DAG	uie		F	L 85 3	Code 3.33 C
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes.						above	named	corpo	oration submits th	is statement for t			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										appointment a	is registered		
1	GNATURE	(7) (1)	~	3/.	30	198	3	IUGEN.	io Casco	12AMY		
Signature typed or printee harve of egystered agent and title if applicable (NO)							nt signature	required	d when reinstating)		DATI		
12.		DP OF ICERS AND		DELETE DELETE		13.		Γ	ADDITIONS/	CHANGES TO O	FFICERS A	AND DIRECTO	
ı		LASCURAIN, EUGENIO		otter		1.1 TITLE 1.2 NAME						C Onlings	
NAME Street address		13051 SW 29 CT				1.3 STREET ADDRESS							
CITY-ST-ZIP		DAVIE FL 33330				1.4 CITY-ST-ZIP							
	TITLE D			DELETE	2.1 TITLE							Change	Addition
NA			rain, Joaquin		22 N	2.2 NAME							
			SW 29 CT		2.3 5	2.3 STREET ADDRESS							
CITY-ST-ZIP			FL 33330			2. 4 CITY - ST - ZIP		ļ					777
ľ	TITLE DV		BANA PHOPMA	☐ DELETE		3.1 TITLE		}				Change	Addition
NA			RAIN, EUGENIO			NAME	4000000						
STREET ADDRESS City-St-Zip		13051 SW 29 CT DAVIE FL 33330				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP							
TIT		DV	I L 33330	☐ DELETE		CHY-S HTLE	I-ZIP	W	· · · · · · · · · · · · · · · · · · ·			Change	Addition
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Į.	ME [RAIN, JOSE A DE			NAME							
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CITY-ST-ZIP TITLE			TE FL 33330			5.4 CITY - ST - ZIP 6.1 TITLE						Char	Additio-
i	ME	DV LASCH	DAIN MADIA	רו הכובוב								L. Change	Addition
i	i		rain, maria Sw 29 ct		- 1	NAME	ADDDECC	1					
311	NEET ADDRESS	DAME :	U11 68 U1		635	oinet!	address						

14. Thereby 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 over a true true that an address.

SIGNATURE:

EUGENIO LASCORNIN

3/30/98 (954)3496483

FILED

Apr 22 1998 8:00am

Secretary of State