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 # V20354

101

RIBEIR	Name 7 7 72933	4 (0)			1)
Principal Plac	e of Business	Mailing Address			DI
422, ESPANOLA WAY 422, ESPANOLA WAY				}	
		MIAMI FL 33139 US		DO NOT WRITE IN THIS SPACE	
00		03		3. Date Incorporated or Qualified	7
			•	04/17/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0325137	Not Applicable
Suite, Apt.	#, e tc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25		30	Personal Property Tax due June 30.	Yes 🗹 No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registers	d Agent
RIBEIRO, CLEUSA DIAS			81 Name		
422, ESPANOLA WAY			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
MLA	AMI BEACH FL 33136		83		
			[63]		J
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	12 and 607.1508. Florida Statute	s. the above-named corr		
office or t	egistered agent, or both, in the State m familiar with, and accept the oblig	of Horida, Such change was as	uthorized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	ppointment as registered
•	The same with the same and the same	intions of, occitor our soos, nor	ida dialolos.		
SIGNATURE	Signature, typod or printed name of regulared ag	ert and life d'applicable (NOTE	Registered Agont signature requi	red when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	VTD	DELETE	1.1 TITLE		Change Addition
NAME	RIBEIRO, LUIZ ROBERTO 422, ESPANOLA WAY		1.2 NAME		
STREET ADDRESS	MIAMI BEACH FL		1,3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI DEACHTE	DELETE	1.4 CHY - ST - ZIP 2.1 TiTLE		Change Addition
NAME		(2.2 NAME		C., Onango C., 100mon
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		L_ Change L_ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	4.4 City-St-ZiP		Change Addition
TITLE			5.1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE	<u> </u>	DELETE	6.1 TiTLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	ertify that the information supplied w	rith this filing does not qualify for		Section 119.07(3)(i), Florida Statutes, I further	certify that the information

Interest certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. Further certify that the information indicated on this annual report of 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 chapted, or on an attachment with an address.

MAY 0.1 1998

GNATURE: 80

GNATURE: 8

MAY 01 1998

FILED

May 11 1998 8:00am

Secretary of State