

PROFIT CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF
SECRETARY
DIVISION OF

99-00 AR

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/02/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0343001	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KARPEL, MIGUEL 4741 CLEVELAND ROAD MIAMI BEACH FL 33140				5601 Collins Ave #1019	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				FL 65 Zip Code	

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 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 as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, typed or printed name

Signature: typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reissuing.)

DATE _____

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PST KARPEL, MIGUEL 111 CLEVELAND RD. 5601 Collins Ave #1019 MIAMI BEACH FL 33140		DATE 500003178505 -03/22/00--01006--011 ***300.00 ***300.00	
☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
☐ DELETE	1.2 NAME	☐ Change	☐ Addition
☐ DELETE	1.3 STREET ADDRESS	☐ Change	☐ Addition
☐ DELETE	1.4 CITY - ST - ZIP	☐ Change	☐ Addition
☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
☐ DELETE	2.2 NAME	☐ Change	☐ Addition
☐ DELETE	2.3 STREET ADDRESS	☐ Change	☐ Addition
☐ DELETE	2.4 CITY - ST - ZIP	☐ Change	☐ Addition
☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
☐ DELETE	3.2 NAME	☐ Change	☐ Addition
☐ DELETE	3.3 STREET ADDRESS	☐ Change	☐ Addition
☐ DELETE	3.4 CITY - ST - ZIP	☐ Change	☐ Addition
☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
☐ DELETE	4.2 NAME	☐ Change	☐ Addition
☐ DELETE	4.3 STREET ADDRESS	☐ Change	☐ Addition
☐ DELETE	4.4 CITY - ST - ZIP	☐ Change	☐ Addition
☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
☐ DELETE	5.2 NAME	☐ Change	☐ Addition
☐ DELETE	5.3 STREET ADDRESS	☐ Change	☐ Addition
☐ DELETE	5.4 CITY - ST - ZIP	☐ Change	☐ Addition
☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
☐ DELETE	6.2 NAME	☐ Change	☐ Addition
☐ DELETE	6.3 STREET ADDRESS	☐ Change	☐ Addition
☐ DELETE	6.4 CITY - ST - ZIP	☐ Change	☐ Addition

I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(3)(b), Florida Statutes, and that the information on this annual report or supplemental annual report is true and accurate and that I, as officer or director of the corporation or the responsible person, am not a resident of the State of Florida.

[Signature] PMS 3/6/00