*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

FILED May 11 1998 8:00am Secretary of State

DOCUMENT # V44956 (3) A GOOD NEIGHBOR ACLF, INC.							
Principal Place of Business Mailing Address 5521 SW 64TH PL 6776 SW 64 ST.						JIQU QUBIL QIBIL QI	1 11 11111 15)1
MIAMI FL 331		SO. MIAMI FL 33143	SO. MIAMI FL 33143 US		DO NOT WRITE IN TH	HO ODANE	
		US			3. Date Incorporated or Qualified	III OI AOL	
					06/19/1992		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21	#	26			65-0377298		lot Applicable
Suite, Apt.	#, 8tC.	Suite, Apt. #, etc.			5. Certificate of Status Desired	, -	Additional Required
City & State	9	City & State			6. Election Campaign Financing		May B
23		28			Trust Fund Contribution		to Fees
Zıp	Country Zip Country			8. This corporation owes or has paid the			
24	25	29	30	·	Personal Property Tax due June 30.		¥ No
B d A	9. Name and Address of Curren	r Registered Agent	81	Name	10. Name and Address of New Register	ea Agent	
	.rvez, charlotte 78 Sw 64 St.						
MIAMI FL 33143			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
111			. 83				\
			84	City		85 Zip	Code
				- "			
11. Pursuant t office or re agent. Lai	to the provisions of Sections 607.050? egistered agent, or both, in the State m familiar with, and accept the obliga	² and 607,1508, Florida Sta tu of Florida. Such change was itions of, Section 607,05 <mark>05</mark> , F	tes, the above authorized by lorida Statutes	e-named corp	coration submits this statement for the purposion's board of directors. I hereby accept the	e of changing appointment as	its registered s registered
SIGNATURE	Signature, typed or printed name of registered ages	ANO and to a if accelerable ANO	TE: Beniclared Apr	ord eignatura robuir	od when reinstaling) DAT		
12.	OFFICERS AND		13.	an signature requir	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TITLE	D-R	☐ DELETE	1.1 TITLE			Change	RS IN 12
HAME	MARVEZ, CHARLOTTE		1.2 NAME				
STREET ADDRESS	5521 SW 64TH PL		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 CITY - S	T-ZIP		Change	Addition
TITLE		☐ necest	2.1 TITLE 2.2 NAME	ديمه	· V.	Cuarific	MOUNTAIN COM
STREET ADDRESS			2.3 STREET	AUDRESS 1	um Styles KAMOS		
CITY-ST-ZIP			2.4 GITY~		776 3.W. 64 St.		
TITLE		☐ DELETE	3.1 TITLE		11-may 1-4- 33143-	Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY - 5	ST-ZIP		·····	
TITLE		☐ DELETE	4.1 TITLE			L. Change	Addition
NAME			4 2 NAME				ļ
STREET ADDRESS			4.3 STREET				
CITY-ST-ZIP TITLE		DELETÉ	4.4 CITY - S 5.1 TITLE	1-21		Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-S		•		
TITLE		DELETE	6.1 TALE	1		Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP	artifu that the information a multi-day	th this filling does not avelet.	6.4 CITY-S		Section 140 07/2/6) Elected Statistics 14 orthogon	nortifu that the	o information
indicated	ermy that the internation supplied Will on this equipal report of suppliemental	in this filling does not qualify the	curate exemp	non stated III	Section 119.07(3)(i), Florida Statutes. I further	Certify that the	e miornation

indicated on this annual report or supplemental annual report is true and accurate emit that my signature shall have the same legal effect as if made under ordiner or true receiver or trusted emporared to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it change for on an attachment with a paradress.

CIONIATUDE.

cedy :

Quilette where wheeler

(mg) 665-400