## 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
Mar 24 1998 8:00am
Secretary of State

DOCU	MENT # V45849	9 (9)				
	RTO DE J. FERNANDEZ, M.[	` '				
NUDER	110 DE J. FERNANDEZ, IVI.L	J., F.M.			r na Brit Mikari akaan arran kansi akan kari malan akan akan akan akan babi arah babi arah badi	
Principal Plac	e of Business	Mailing Address			( 1881) Bilati	
1100 SW 57	AVE	1100 SW 57 AVE				
SUITE 3D		SUITE 3D			DO AIGT INDITE IN THE OBAGE	
MIAMI FL 33 US	144	MIAMI FL 33144 US			DO NOT WRITE IN THIS SPACE	
US		US			3. Date Incorporated or Qualified 06/23/1992	
2 Principal P	Place of Business	2a. Malling Address			4. FEI Number Applied For	
21 8260 W. Flables St. 26					65-0345923 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					SA 75 Additional	
22 #1-6					5. Certificate of Status Desired Fee Required	
City & Stat	.0 .	City & State			Election Campaign Financing \$5.00 May Be	
23 M/A		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	1	8. This corporation owes or has paid the current year Intangible	
24 33/		29	30		Personal Property Tax due June 30. Yes No  10, Name and Address of New Registered Agent	
	9. Name and Address of Current	Hegistered Agent	81	Name	10, Name and Address of New Registered Agent	
	RNANDEZ, ROBERTO DE J.		0 7	Marile		
	80 WEST FLAGLER STREET		82	82 Street Address (P.O. Box Number is Not Acceptable)		
	JITE 3D		83			
MI	AMI FL 33144		•			
			84	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the above	e-named c	corporation submits this statement for the purpose of changing its registered	
office or r	registered agent, or both, in the State o am f <b>am</b> iliar with, and accept the obliga	of Florida. Such change was a tions of, Section 607,0505. Flo	authorized by orida Statute:	y the corpo s.	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
SIGNATORIE	Signature, typod or printed name of registered agen			ent signature re	e required when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
TITLE		☐ DELETÉ	1.1 TITLE		tar Change ☐ Addition	
NAME	8080 WEST FLAGLER ST. 3D	•	1.2 NAME	ADDRESS	021 12 5/4/h San = 46/-C	
STREET ADDRESS	AMARAI PI		1.3 STREET		8260 W. FLAGREN STROET #1-C MIAMI, FL 33/44	
CITY-ST-ZIP TITLE	WINNE F L	DELETE	1.4 CITY - S 2.1 TITLE	11-211	Change Addition	
NAME		- Dettere	2.2 NAME	!	J. J. Lange	
STREET ADDRESS			2.3 STREET	Annaess		
CITY-ST-ZIP			2. 4 CITY -	ŀ		
TITLE		DELETE	3.1 TITLE	J. E.	☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4. CITY-1	ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T-21P		
TITLE		DELETE	5.1 TITLE	•	Change L. Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET		- · - · ·	
CITY-ST-ZIP		Tlonette	5.4 CITY - S	T-ZIP	Change   Idellita	
TITLE		DELET <b>e</b>	6.1 TITLE	+	☐ Change ☐ Addition	
NAME			6.2 NAME	10000		
STREET ADDRESS			6.3 STREET			
CITY-ST-ZIP	İ		6.4 CITY-S	i - ZIP		

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 on an attachment with an address