FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # V51194

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

Secretary	of State

FILED

May 06 1998 8:00am

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Prir	cipal Place	e of Busines	s	Maili	ng Address				I AMENI MINANI MINANI ANERE (19010 19114 MENINI MINANI MINANI	TIBLE BIBLE BEBE	I 64811 1081
				13 NW 53RD STREI Irise fl 33351	REET			DO NOT WRITE IN THIS	SPACE		
									3. Date Incorporated or Qualified		
									07/16/1992		
	Principal P	pat Place of Business			2a. Mailing Address				4. FEI Number	Ar	oplied For
21					26				65-0350099		ot Applicable
_	Suite, Apt.	uite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 / Fee Re	Additional
22	City & State	& State			City & State				a Firstin Compain Firstin		·
23	ony a onun			28	nty G Clato				6. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
	Zip		Country		'(p	Co	untry	,	8. This corporation owes or has paid the cur		
24	_	[25	29		30] No
		g, Name	and Address of C	urrent Register	red Agent		}		10. Name and Address of New Registered	gent	
		ERRY, IRIS					81	Name			
		741 N.W. 20					82	Street A	Address (P.O. Box Number is Not Acceptable)		
	PLA	ANTATION I	FL 33323								
							83	Ì			
							84	City	FL	85 Zip (Code
44	Purguant	to the provin	one of Sections 60	7 0502 and 607	1509 Florida Stat	hitae tha s	h0.4	o named c		changing if	e registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aborofice or registered agent, or both, in the State of Florida. Such change was authorized tagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute.							d by	y the corpo	oration's board of directors. I hereby accept the app	ointment as	registered
		m tamiliar wi	m, and accept the	obligations of, S	section 607.0505,	Fiorida Sta	lutes	S.			
SIG	NATURE	Signature typed	or printed name of register	eed agent and little if a	yptenble (N	IOTE Register	ed Age	ent signature r	required when reinstating) DATE		l.
12.				S AND DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
TITLE		PTSV DELETE		1.1 7	1.1 TITLE			☐ Change	Addition		
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STRE	ET ADDRESS				1.3 \$		TREET	ADDRESS			ļi
	-ST-ZIP	PLANTATION FL 33323						T-ZIP			
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	ET ADDRESS							ADDRESS			İ
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	ET ADDRESS							ADDRESS			ì
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NAM! STRE					DELETE	6.1 T 6.2 M 6.3 S	ITLE IAME ITREET	ADDRESS		Change	Addition

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 appear with an address.