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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

ANN	1998		Secretary of State DIVISION OF CORPORATIO			Secretary of S	tate	
	MENT # V63	•	)					
M.U. U	UCT INSTALLATIONS,	INU.,				A 10041 GHOLD GHOR HADA 1810 BAHAR 1801 GLAH GLAH GRAH GRAH GRAH GRAH	LI DIOIE IDOI	
	_						il <b>Bibli IBBI</b> Il <b>Bibli IBB</b>	
Principal Place of Business Mailing Address					•	- 1981 ANDIA OLIER LINES LEVIE OLIER LEVIE OLIER PROPERTIES DE SERVI OLIER	A \$1\$10 1889	
1320 S DIXIE HIĞHWAY 1320 S DIXIE HIGHWAY STE 700 STE 700								
	LES FL 33146	•	CORAL GABLES FL 33146			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 09/12/1992		
2. Principal F	Place of Business	2a. Mailing Addre	SS.				oplied For	
21			26				t Applicable	
Suite, Apt.	#, <b>e</b> lc.		Suite, Apt #, etc.			5 Certificate of Status Desired \$8.75		
22	27					Fee Re	equired	
City & Stat	le	City & State				6. Election Campaign Financing \$5.00  Trust Fund Contribution Added to		
Zip	Country	Zip		Country		8. This corporation owes or has paid the current year Int		
24	25 29 30				Personal Property Tax due June 30. Yes No			
	n. Name and Address of	Current Registered Agent				10. Name and Address of New Registered Agent		
	Dr <b>do</b> n, Lewis G., Esq.			B1	Name			
1320 \$ DIXIE HIGHWAY				82	82 Street Address (P.O. Box Number is Not Acceptable)			
STE 700 CORAL GABLES FL 33146				83	83			
)								
				84	City	F1 85 Zip (	Code	
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.1508, Florid	Statutes, the	above-	named cor	poration submits this statement for the purpose of changing it	s registered	
office of agent. I a	registered agent, or both, in the am <b>fam</b> iliar with, and accept the	: State of Florida, Such chang : obligations of, Section 607.0	e was author 505, Florida S	ized by Statutes.	tne corpora	ition's board of directors. I hereby accept the appointment as	registerea	
SIGNATURE								
12.	Signature, typed or printed name of regul	PRESENCE OF THE PROPERTY OF TH		tered Agen	t signature raqu	red when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	S IN 12	
TITLE	D	☐ DEL		1 TOLE	T-	Change	Addition	
NAME			1.2 NAME					
STREET ADDRESS	14835 S.W. 167 STREE	T	1.	3 STREET A	address			
CITY-\$T-ZIP	MIAMI FL 33187			4 CITY-ST	- ZIP			
TITLE		DEL		1 TITLE		Change	Addition	
STREET ADDRESS			1	.2 NAME 3 STREET A	DDDGGG			
CITY-ST-ZIP	1			a SINCEL A . 4 CITY-ST	i i			
TITLE	- <b>-</b>	☐ DEL		1 TITLE	-	Change	Addition	
NAME			3.	2 NAME				
STREET ADDRESS			3.	3 STREET A	ADDRESS	1		
CITY-ST-ZIP				4. CITY-ST	r-ZIP		, <u> </u>	
TITLE		DEL		1 TITLE		Change	Addition	
NAME				2 NAME	000000	/k2/1	)	
STREET ADDRESS CITY-ST-ZIP				3 STREET A 4 CHTY-ST		711/10	_	
TITLE	<del></del>	DEL		1 TITLE		Change	Addition	
NAME				2 NAME		•	ſ	
STREET ADDRESS			5.	3 STREET A	IDDRESS			
CITY-ST-ZIP				4 CITY - ST	- ZIP			
TITLE		☐ DEL	1	1 THILE		☐ Change	Addition	
NAME				2 NAME		400002579474 -07/02/9801073057		
STREET ADDRESS	<b>{</b>			3 STAFET A 4 City-St-		***S50.00/	· · · · · · · · · · · · · · · · · · ·	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I 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 within address.

SIGNATIOE:

**FILED** 

Jul 02 1998 8:00am