## 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 15 1998 8:00am
Secretary of State

1. Corporation	MENT # V69247 sys, Inc.	(7)		
Principal Place	e of Business	Mailing Address		
6470 SW 41ST ST. #8 6470 SW 41ST ST				
MIAMI FL 33155		#28		DO NOT WRITE IN THIS SPACE
		MIAMI FL 33155 US		3. Date Incorporated or Qualified
		03		10/07/1992
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0361438 Not Applicable
Sufte, Apt. #, etc.		Suite, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additional
22		27	· · · · · · · · · · · · · · · · · · ·	Fee Hequired
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	7ip	Country	Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes VNo
	9. Name and Address of Curren			10. Name and Address of New Registered Agent
CHA	AN, NEVILLE A., SR.		81 Name	CHAN NEVILLE A. SR.
6470 SW 41 ST. #8 82 Street Addr MIAMI FL 33165				dress (P.O. Box Number is Not Acceptable)
				70 SW 41 ST. # 28
			83	
			84 City	85 Zip Code
			The state of the s	(IAM) FL 33155
11. Pursuant office or f agent I a	to the provisions of Sections 607.000. egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statuto of Florida. Such change was a ations of, Section 60 <mark>7.0</mark> 505, Flo	es, the above-named co authorized by the corpor orida Statutes.	proration submits this statement for the purpose of changing its registered ration's board of directors. I heroby accept the appointment as registered
SIGNATURE				nuired when reinstatino) DATE
12.	Signature Typed or printed harm of registered age OFTICERS ANI		Registered Agent signature req	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	DELETE	1.1 TITLE 1	Change Addition
NAME	CHAN, NEVILLE A SR.		1.2 NAME	EHAN NEVILLE A'SRI
STREET ADDRESS	6470 SW 41 ST. #8		1.3 STREET ADDRESS	470 5.W 41 87 28
CITY-ST-ZIP	MIAMI FL 33155		14 CHY-ST-ZIP	MIAMI FL 33155
TITLE	VS	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ESCOBAR, JOSE W		2.2 NAME	
STREET ADDRESS	8340 SW 82 RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143		2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3 4. CITY-ST-ZIP	Colons Calaba
TITLE		☐ DELETE	4.1 THLE	L] Change L1 Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	Change Addition
NAME		ריין טינוניונ	5.2 NAME	
STREET ADDRESS	1		5.2 NAME 5.3 STREE1 ADDRESS	
			5.4 CITY-ST-7IP	
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	
44 11 1			V.T VII. VI ZII	Cooling 440 07/0V/) Closide Chatetes I further contile that the information

14. Thereby 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 early; that I am an officer or director of the expressly into or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Plack 12 or Plac

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