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PROPT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 539154

(5)

% APOLLONIA, INC

2821 LUCERNE AVE

APOLLONIA, INC.

Principal Place of Business

2821 LUCERNE AVE MIAMI BEACH FL 33140 Mailing Address

FILED

Feb 17 1997 8:00am

Secretary of State

US		MIAMI BEACH FL 33140-4266 US			3. Date Incorporated or Qualified		le of Last R	eport
					07/12/1977	04/2	04/24/1996	
2. Principal f	Place of Business	2a, Mailing Address			4. FEI Number 59-1769114	4 Applied For Not Applicable		
Suite, Apt	#, etc.	Suite, Apt. #, etc.				×		Additional
22		27			5. Certificate of Status Desired	<u> </u>	Fee Re	quired
City & Sta	te	City & State			6. Election Campaign Financing		\$5.00	May Be
23	28 Zin				Trust Fund Contribution		Added t	
Zip	Country	Zip	Count	ry	8. This corporation has liability for i			199.032,
24 25 29 30 9 Name and Address of Current Registered Agent					Florida Statutes Yes No			
0110	TE 1050	t negleteled regulit	8	1 Name -	F		· <u>·</u>	
	S. BISCAYNE BLVD.		Ĺ		LRVING SHI	<u> MOF</u>	- <i>}</i> -	
200 S. DISCATNE BLYU. • STE 3000					Street Address (P.O. Box Number is Not Acceptable) Suite 1050			
	MI FL 33131		B	3 -	· · · · · · · · · · · · · · · · · · ·	0.7		
, mw.	MI 1 2 30 10 1		Ĺ	200	S. Biscayne	Blu	·	
•			8-	City M	iami	FI	85 Zip (Code 3/3/
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508. Florida Statut	tes, the abo	ve-named cor	poration submits this statement for the p	urpose of		
office of	registered agent, or both, in the State, am familiar with, and accept the obliga-	<u>of Flor</u> ida. Suc b c hange was a	authorized I	by the corpora	ation's board of directors. I hereby accer	it the appo	intment as	registered
	W U L		girrassiaiui	50 .	111	190	,	
SIGNATURE	Signature, lyped or printed name of registered age	in hid title if applicable. INOT	TE Registered A	gent signature requ	uired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTOR	S IN 12
JITLE	DS	DELETE	1.1 TITLE				Change	☐ Addition
NAME	KESSLER, EDWARD		1.2 NAM					
STREET ADDRESS	2821 LUCERNE AVENUE		1.3 STRE	ET ADDRESS				
CITY - ST - ZIP	MIAMI BEACH FL		1.4 CITY	ST-ZIP				
TITLE	PT	☐ DELETE	2.1 TITLE			1	Change	☐ Addition
NAME	2821 LUCERNE AVENUE		2.2 NAM					
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL	D BELETC	2. 4 CITY				<u> </u>	
TITLE	D D	☐ DELETE	3.1 TITLE			,	Change	Addition
NAME	KESSLER, APOLLONIA K. 2821 LUCERNE AVEANUE		3.2 NAM	·				
STREET ADDRESS	MIAMI BEACH FL			ET ADDRESS				
CITY-ST-ZIP TITLE	MIAMI DEACTIFE	DELETE	3.4. CITY				Change	Addition
NAME		[bettit	4.1 TITLE 4. 2 NAM			ı	Change	LJ ROUIIDH
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				·				
TITLE	<u> </u>	DELETE	4.4 CITY - 5.1 TITLE				Change	Addition
NAME	1		5.2 NAME	- 1		•		
STREET ADDRESS				T ADDRESS				
CITY - ST - ZIP	1		5.4 CITY					
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME			•	•	
STREET ADDRESS			•	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY					
14. I do here	by certify that the information supplied	with this filing does not quali-	fy for the ex	emption state	d in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the
information	on indicated on this annual report or su officer or director of the cornoration or	upplemental annual report is to the receiver or trustee empose	true and acc	curate and that	it my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as	if made und	der oath; that
appears	in Block 12 or Block 13 if Manged	on an attachment with an ad-	ress.	23.20 1000			III I	

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PROFIT

CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 POCUMENT # P95000020127 (3) UNLIMITED SKY, INC. Mailing Address Principal Place of Business 12265 SW 130TH ST 12265 SW 130TH ST MIAMI FL 33186-6218 **MIAMI FL 33188** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/13/1995 06/22/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0546972 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, ☐ Yes ☐ No 30 Florida Statutes 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OLMOS, ERICA 12265 SW 130TH ST 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 Zip Code 84 City 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change 1) President DELETE Addition 11 TITLE TITLE **OLMOS, ERICA** 1.2 NAME NAME 12265 SW 130TH ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33186 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADORESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP I do hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 or an appear with an address.

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FLORIDA DEPARTMENT OF STATE