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

| 1. Corporatio | INTERN # L94586 IEASTERN FLORIDA MANAG | ` ' | | | |
|--|---|---------------------|------------------|---------------------|---|
| Principal Plac | e of Business | Mailing Address | , | | I YBOKION BEO IBINI OKORK BUIDK HAKID CIKI DIDAK ANDIN DEGAY BIDHE OKON ARDIN BERK |
| 11098 BISCAYNE BOULEVARD 11098 BISCAYNE BOULEVAI SUITE 402 SUITE 402 MIAMI FL 33161 MIAMI FL 33161 | | | VARD | | DO NOT WRITE IN THIS SPACE |
| MINIMI PE 331 | 101 | WINNI LE 30101 | | | 3. Date incorporated or Qualified |
| | | | | | 08/20/1990 |
| 2. Principal Place of Business | | 2a. Mailing Address | | | 4. FEI Number Applied For |
| 21 | | 26 | | | 65-0215936 Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired S8.75 Additional |
| 22 | | City & State | | | Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution |
| Zip | Country | 28 | T Cou | ntrv | |
| 24 | 25 | 29 | 30 | , | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| | 9. Name and Address of Current | 11 | 1301 | | 10. Name and Address of New Registered Agent |
| RF. | DZOW, MICHAEL | | | 81 Name |) |
| 20803 BISCAYNE BLVD | | | - 1 | 82 Stree | t Address (P.O. Box Number is Not Acceptable) |
| SUITE 200 | | | | 62 Stree | (Adoress (P.O. Box Number is Not Acceptable) |
| AVENTURA FL 33180 | | | | 83 | |
| - 11 | | | | 84 City | 85 Zip Code |
| | | | | City | FL 85 Zip Code |
| office of r agent. I a SIGNATURE | egistered agent, or both, in the State on familiar with, and accept the obligations of registered agents. | | | | d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered as registered. |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PTD | DELETE | 1.1 TIT | LE | ☐ Change ☐ Addition |
| NAME | BEDZOW, CHARLES | | 1.2 NA | ME | |
| STREET ADDRESS | 11098 BISCAYNE BLVD #402 | | 1.3 \$T | reet address | |
| CITY-ST-ZIP | MIAMI FL 33161 | | _ | Y-ST-ZIP | |
| TITLE | VSD | DELETE | 2.1 717 | | Change Addition |
| NAME | BEDZOW, SARA | | 22 NA | | |
| STREET ADDRESS | 11098 BISCAYNE BLVD #402 | | | reet address | |
| CITY-ST-ZIP | MIAMI FL 33161 | | | TY-ST-ZIP | 1 |
| TITLE | VSD | DELETE | 3.1 TiT | | VAS BLANCO, CAMILO #Change Addition BLANCO, CAMILO #402 MIRMI FL 33/6/ |
| NAME | SHAPIRO, HOWARD | | 3.2 NA | | OLANCO, CAMILO, # 102 |
| STREET ADORESS | 11098 BISCAYNE BLVD #402 | | | REET ADDRESS | 1/0 98 E13E cupe & Va 4 40- |
| CITY-ST-ZIP | MIAMI FL 33161 | DELETE | _ | TY-ST-ZIP | MITTINI PC 35/6 |
| TITLE NAME | | T herese | 4.1 TIT 4.2 N | | El Change El Mudifoli |
| STREET ADDRESS | | | | ume Reet address |] |
| | | | | | į |
| CITY-ST-ZIP TITLE | | DELETE | 5.1 TiT | Y-ST-ZIP LE | Change Addition |
| NAME | | | 5.2 NA | | المادانين |
| STREET ADDRESS | | | | mil Reet adoress | |
| CITY-ST-ZIP | | | - 1 | Y-ST-ZIP | |
| TITLE | | DELETE | 6.1 10 | | Change Addition |

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 with an address.

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

FILED

Apr 21 1998 8:00am

Secretary of State