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

DOCUMENT # 1. Corporation Name M66393

(3)

FILED							
Feb 05 1998 8:00am							
Secretary of State							

MONA	dylina prop e rties,	INC.			e 18818811 118 RestR BILLE 16188 1111 BIRLE	8/6/) 4(8/) \$/6/ 6/6/ 8/6// (\$8/
Principal Pia	ce of Business	Mailing Address				BIBN BIBN BIBN BIBN BIBN 1886
% OMAR K		% OMAR KAHOK				
15001 NO STATE RD 7 15001 NO STATE RD 7 DELRAY BCH FL 33446 DELRAY BCH FL 33446			DO NOT WRITE IN THIS S		HIS SPACE	
US US				3. Date Incorporated or Qualified		
					01/29/1988	
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21 26					65-0138504	Not Applicable
Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
27 City & State City & State				• Flority Commission Financia	Fee Required	
 		28	7		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	g, Name and Address of	Current Registered Agent			10. Name and Address of New Register	ed Agent
ļ κ	AHOK, OMAR		8	Name A	plita Ly Celia	
	001 NO STATE RD 7		8	2 Street Addre	ess (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·
DI	ELRAY BCH FL 33446		_	1 0 /o 1	Vofal's Mante TNC	<i></i>
			8	599	O No Federal HWV	(Reak)
			6	4 City	1 14 100 14 10	85 Zip Code
44 Dureupo	to the provisions of Sections 6	207 0502 and 607 1609 Florida Statut	los the abo	I TZ.	pration submits this statement for the purpos	of changing its registered
l office or	registered agent, or both, in th	e State of Florida. Such change was a	authorized I	by the corporalic	on's board of directors. I hereby accept the	appointment as registered
	110145	e obligations of Section 607.0505, Fl	orida Statut	85 .	9	04 1000
SIGNATURE	Signature, typed or printed name of regi-	stored agent and title if applicable (NOT	E: Registered A	gent signature require	d when reinstating) DAT	29,
12.		RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	PSTD	DELETE	1.1 TITLE	i		Change Addition
NAME	KAHOK, OMAR					
STREET ADDRESS 15001 NO STATE RD 7		•	1.3 STREET ADDRESS			
CITY-ST-ZIP			1.4 CITY-			D Obanes D Addition
TITLE		L. DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME STREET ADDRESS	innates		2.2 NAM			
CITY-ST-ZIP			2.3 SINE 2. 4 CITY	ET ADDRESS		
TITLE			3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			- • -
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	- ST - ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STREE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		☐ DELETE	5.1 TITLE	į		☐ Change ☐ Addition
NAME			5.2 NAME	ľ		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	 	DELETE	5.4 CITY-			Change Addition
TITLE		☐ ocrest	6.1 TITLE			□ orange □ Adoition
NAME Street Address			6.2 NAME	ET ADDRESS		
CITY-ST-ZIP			6.4 City	1		
0111-01-58	<u> </u>		0.4 0111	U1 'E11		

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 eport 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.