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**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998

(5)

DOCUMENT # APPLIED RESEARCH EXPORT INC.

**FILED** May 11 1998 8:00am Secretary of State



| A   |   |  |                              |                  | •                 |  |                         |                        |  |
|---|---|--|------------------------------|------------------|-------------------|--|-------------------------|------------------------|--|
| Principal Place of Business Mailing Address   |   |  |                              |                  |                   |  |                         |                        |  |
| 7367 DAVIE ROAD EXTENSION 7367 DAVIE ROAD EXT<br>HOLLYWOOD FL 33024-2421 HOLLYWOOD FL 33024 |   |  |                              | NSION            |                   |  | •                       |                        |  |
| 11000   | 16 90064 5481   | HOLLTWOOD FL 33024-2421                      |                              |                  |                   | DO NOT WRITE IN THIS SPACE   |                         |                        |  |
|   |   |  |                              |                  |                   | 3. Date Incorporated or Qualified 03/24/1988   |                         |                        |  |
| 2. Principal Pi   | lace of Business  | 2a. Mailing A                                | \ddress                      |                  |                   | 4. FEI Number  | A                       | Applied For            |  |
| 21  |   | 26   |                              |                  |                   | 65-0051005   | N                       | Not Applicable         |  |
| Sulte, Apt.   | #, etc.   | Suite, Ap                                    | ot. #, etc.                  |                  |                   | 5. Certificate of Status Desired   |                         | Additional<br>Required |  |
| City & State  | 9   | City & Sta                                   | ate                          |                  |                   | 6. Election Campaign Financing   | \$5.00                  | May Be                 |  |
| 23  |   | 28   |                              |                  |                   | Trust Fund Contribution  |                         | l to Fees              |  |
| Zip   | Country   | Zip  |                              | Country          | <i>!</i>          | 8. This corporation owes or has paid the c   | u <u>rre</u> nt year Ir | ntangible-             |  |
| 24  | [25]  | 29   |                              | 30               |                   | Personal Property Tax due June 30.   |                         | No                     |  |
|   | 9, Name and Address of Curre  | nt Registered Age                            | ent                          |                  |                   | 10. Name and Address of New Registered   | I Agent                 |                        |  |
|   | RAFAN, RICHARD  |  |                              | 81               | Name              |  |                         |                        |  |
|   | 5 <b>SOUTH BAYSHORE DRIVE</b>   |  |                              | 62               | Street Ad         | dress (P.O. Box Number is Not Acceptable)  |                         | =                      |  |
|   | WER NI, SUITE 1748  |  |                              |                  |                   | * 1  | <u> </u>                |                        |  |
| MU  | AMI FL 33131  |  |                              | 83               |                   |  | 2                       |                        |  |
|   |   |  |                              | 84               | City              | FI   | 85 Zip                  | Code                   |  |
| 11. Pursuant t  | to the provisions of Sections 607.050   | 02 and 607.1508, F                           | lorida Statute               | es, the abov     | Le-named co       | orporation submits this statement for the purpose retion's board of directors. I hereby accept the ap  |                         | its registered         |  |
| Office or re  | egistered agent, or both, in the State<br>m familiar with, and accept the oblic | e of Florida, Such c<br>rations of Section ( | shange was a<br>607 0505 Fin | authorized by    | the corpor        | ration's board of directors. I hereby accept the ap  | pointment as            | s registered           |  |
| SIGNATURE   |   | ,  |                              |                  | <b>-</b>          |  |                         |                        |  |
|   | Signature, typed or printed name of registered ag                               | jont and title if applicable                 | (NOTE                        | E Registered Age | ent signature rec | quired when reinstating) DATE  |                         |                        |  |
| 12,   |   | ND DIRECTORS                                 |                              | 13.              |                   | ADDITIONS/CHANGES TO OFFICERS AN   | ID DIRECTO              | RS IN 12               |  |
| TITLE   | VD  | <u></u>                                      | DELETE                       | 1.1 TITLE        |                   |  | Change                  | ☐ Addition             |  |
| NAME  | GOLDBERG, ROBERT  |  |                              | 1.2 NAME         |                   | <u>.</u>   |                         |                        |  |
| STREET ADDRESS  | <b>2226 NOVA VILLAGE DR.</b>  |  |                              | 1.3 STREET       | ADDRESS           | 3208 SW 17519  | AVE.                    |                        |  |
| CITY-ST-ZIP   | DAVIE FL  |  |                              | 1.4 CITY- S      | T-ZIP             | MILANAL FL 330   | 220                     |                        |  |
| TITLE   | PD  |  | DELETE                       | 2.1 TITLE        |                   |  | Change                  | Addition               |  |
| NAME  | RYAN, MICHAEL F.  |  |                              | 2.2 NAME         |                   |  |                         |                        |  |
| STREET ADDRESS  | 6831 S.W. 9TH STREET  |  |                              | 2.3 STREET       | ADDRESS           |  |                         |                        |  |
| CITY-\$T-ZIP  | PEMBROKE PINES FL   | ~  |                              | 2.4 CITY-        | ST-ZIP            |  |                         |                        |  |
| TITLE   |   | L  | DELETE                       | 3.1 TITLE        |                   |  | Change                  | ☐ Addition             |  |
| NAME  |   |  |                              | 32 NAME          |                   |  |                         |                        |  |
| STREET ADDRESS  |   |  |                              | 3.3 STREET       | ADDRESS           |  |                         |                        |  |
| CITY-ST-ZIP   |   |  |                              | 3 4. CITY -      | ST-ZIP            |  |                         |                        |  |
| TITLE   |   | L  | ] DELETE                     | 4.1 TOTLE        |                   |  | Change                  | ☐ Addition             |  |
| NAME  |   |  |                              | 4. 2 NAME        |                   |  |                         |                        |  |
| STREET ADDRESS  |   |  |                              | 4.3 STREET       | ADDRESS           |  |                         | •                      |  |
| CITY-ST-ZIP   | <u>-</u>  |  |                              | 4.4 CITY - S     | T-ZiP             |  |                         |                        |  |
| TITLE   |   | L.   | DELETE                       | 5.1 TITLE        |                   |  | Change                  | Addition               |  |
| NAME  |   |  |                              | 5.2 NAME         |                   |  |                         |                        |  |
| STREET ADDRESS  |   |  |                              | 5.3 STREET       | ADDRESS           |  |                         |                        |  |
| CITY-ST-ZIP   |   |  | 1 Patricase                  | 5.4 CITY - S     | T-ZIP             |  |                         |                        |  |
| FITLE   |   | L  | ] DEFELE                     | 6.1 TITLE        |                   |  | ☐ Change                | Addition               |  |
| NAME  |   |  |                              | 6.2 NAME         |                   |  |                         |                        |  |
| STREET ADDRESS  |   |  |                              | 6.3 STREET       | ADDRESS           |  |                         |                        |  |
| CITY-ST-ZIP   | /   |  |                              | 6.4 CITY - S     |                   |  |                         |                        |  |
| 14. I hereby co   | on this arinual report or supplement  | al annual report is t                        | Irue and accu                | r the exemp      | tion stated i     | in Section 119.07(3)(i), Florida Statutes. I further of<br>ture shall have the same legal effect as if made u<br>quired by Chapter 607, Florida Statutes; and that | inder oath: th          | nattam an              |  |