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 # P9300008098 (4)

WILLIAM A. BERRY & ASSOCIATES, INC. Principal Place of Business Mailing Address 7955 N.W. 12TH ST. 7955 N.W. 12TH ST. SUITE 314 SUITE 314 DO NOT WRITE IN THIS SPACE MIAMI FL 33126 MIAMI FL 33126 3. Date Incorporated or Qualified 01/29/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0392563 Not Applicable 21 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zıp Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name В1 FATEMIAN, M. SAEED 7955 N.W. 12TH ST. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 314 83 **MIAMI FL 33126** 84 City Zip Code 11. Pursuant to the provisions of Sections 607 (E.02 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typind or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ☐ Addition TITLE 1.1 TITLE FATEMIAN, SAEED NAME 1.2 NAME l 7995 NW 12TH STREET SUITE 314 7955 NW 12TH STREET SUITE 314 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CHTY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition Change TITLE 2.1 TITLE DE YURRE, ZOILA 22 NAME NAME 7955 NW 12TH STREET SUITE 314 23 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CHY-ST-7/P

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 ennual 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 13 if changed, or on an attrictment with an address

SIGNATURE:

(oila F. DE Juena

2/5/98

(305) 513-9000

FILED

Feb 16 1998 8:00am

Secretary of State

R2E034 (10/97)