## 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 # P94000045295 (0)

2421 AVENUE D PROPERTIES, INC.

**FILED** Feb 10 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address		I FANLADOL AND TOTAL BURNS BOUND OFFICE OF	1801 BHIO (1818 1818) BIN 1881
9941 SW 4TH STREET PLANTATION FL 33324 US		9941 SW 4TH STREET PLANTATION FL 33324 US		DO NOT WRITE IN TH	S SPACE
				3. Date Incorporated or Qualified	
				06/13/1994	
<del></del>	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0499216	Not Applicable
Suite, Apt.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		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 Curre	ani Registered Agent		10. Name and Address of New Registers	d Agent
941 NE 19TH AVENUE STE. 301 FORT LAUDERDALE FL 33304			81 Name 82 Street Add	Adelita L. Colia dress (P.O. Box Number is Not Acceptable) Nofal S MART.	Tic.
			83 599 84 City	O (R) No FEDERAL H	Wy,
			1 7t.	Daudeedale F	L 85 Zip Code
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 Melita J. Cella Jun. 30, 1998					
Signature typical or present name of regulation agent and title diapphs lable. (NOTE But			L Rug-stered Agent signature requ	uired when reinstaling) DATE	
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPST	☐ DELETE	1.1 TITLE		Change  Addition
NAME	KAHOOK, NOFAL		1.2 NAME		
STREET ADDRESS	9941 SW 4TH STREET		13 STREET ADORESS		
CITY-ST-ZIP	PLANTATION FL VP	D South	1.4 CITY-ST-ZIP		
TITLE	•••	☐ DELETE	21 TITLE		Change Addition
HAME	MUNTAHA, KAHOOK		2.2 NAME		
STREET ADDRESS	9941 SW 4TH STREET PLANTATION FL		2.3 STREFT ADDRESS		
CITY-ST-ZIP	PLANIATION FL	T Street	2. 4 CITY-ST-ZIP		Observe Daniel
TITLE		L DELETE	3.1 T(TLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
NAME		orten			Claride T vocition
· · ·			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4 4 CITY - ST - ZIP		Change Addition
			5.1 TITLE		Change Addition
NAME CYDEST ADDRESS			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CATY-ST-ZIP TITLE		DELETE	54 CITY+ST-ZIP		☐ Change ☐ Addition
		- Mille	61 TITLE		CHANGE THROUGH
NAME PERFECT ADDRESS			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY - ST - ZIP	Postine 110 07/0VI) Fledde Otet to 16 with a	

remove very una member supplied with this filling does not quality 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.