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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POSOCO11570 (5)

FILED Feb 05 1998 8:00am Secretary of State

1. Corporatio	n Name	011370 (5	ני						
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SUITE 100	AU .	SUITE 100							
CORAL GABLES FL 33146 CORAL GABLES FL 3		33146			DO NOT WRITE	IN THIS S	PACE		
บร		US				3. Date Incorporated or Qualified			
						02/08/1995			
2. Principal P	Place of Business	2a. Mailing Address	2105	s Ro	An	4. FEI Number		Aŗ	oplied For
21 25	O BIRD ROAD	26 /50	1015L	<u>> 100</u>	40	65 - 0554561			ot Applicable
Suite, Apt.	#, etc.	Suite Apt. #, etc.	—· 1 /	\sim		5. Certificate of Status Desired			Additional
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[⊐] zib מיד	\ LLO Country \	233146	<u> </u>	ıπy κ.	17_	8. This corporation owes or has pa			angible 7 No
24 <u>)))</u>	9. Name and Address of Current	1201 001	30			Personal Property Tax due June 10. Name and Address of New Re			7 140
PAI		regiotarea Agein		81 Nam		IV. Hame and Address of New York	.giosorou /		
	radat, anthony 320 S.W. 96th ave.		!						
				82 Stree	t Addres	ss (P.O. Box Number is Not Acceptal	ble)		
MIF	MI FL 33176			83					
				~					ł
				84 City			FL	85 Zip	Code
11 Bursuant	to the provinces of Sections 607 0503	and 607 1500 Florida Sta	thiton the a	boye pame	deorno	ration submits this statement for the		changing if	's registered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligati	f Florida, Such change wa	s authorize	ed by the co	rporatio:	n's board of directors. I hereby acce	pt the appo	ointment as	registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607,0505.	Florida Sta	tutes.					
-9	•								I
SIGNATURE								*-	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (I	NOTE: Registere			when reinstating)	DATE	<u> </u>	
SIGNATURE		and title if applicable. (I		ed Agent signati			DATE	<u> </u>	
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14. I hereby certify that the information supplied with this filling 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 for trusted empdywered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE: