FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

	NURIELI, P.A.	0007 1499 (2 _,			
Principal Plac	e of Business	Mailing Address	·		1000: 1101: 818:8 18:10 191: 18:81
915 MIDDLE RIVER DRIVE 915 MIDD		915 MIDDLE RIVER DRI	VE		
SUITE 309		SUITE 309			
FT. LAUDERDALE FL 33304		FT. LAUDERDALE FL 33	3304	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 08/18/1997	
 '		2a. Mailing Address		4. FEI Number	Applied For
		26		65-0775350	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		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
	9, Name and Address of Cu	irrent Registered Agent		10. Name and Address of New Registers	od Agent
	Jrieu, eddie		81 Name		
915 MIDDLE RIVER DRIVE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
SUITE 309					
j FT	. Lauderdale Fl. 33304		B3		
			B4 City		85 Zip Code
	to the security of Continue CO.	10000 1 007 1000 Fiid- 0	4. 4 1 1 1 1 1 1 1.	F	
I office or r	registered agent, or both, in the S	.0502 and 607-1508, Florida Statu State of Florida. Such change was phligations of, Section 607.0505, F	authorized by the corpor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE			······································		
Signature, typed or printed dame of registered agent and title d applicable (NOT 12. OF LICE RS AND DIRECTORS		TE Registered Agent signature req 13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DPS	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	NURIELI, EDDIE		1.2 NAME		
STREET ADDRESS	ALE MEDIC DUED DOUG ATE ANA		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 333		1.4 CITY - ST - 7IP		
TITLE		DELETE	21 THTLE		☐ Change ☐ Addition
NAME			22 NAME	•	
STREET ADDRESS			2.3 STREET ADDRESS		Ì
CITY-ST-ZIP	L		2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME :			3.2 NAME		
STREET ADDRESS			3.3 STREE1 ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	The section	3.4. CITY - ST - ZIP		
TITLE		L DELETE	4.1 THTLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		L. Decell	5.2 NAME		T minings T volution
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	,*		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing, indicated on this annual report or supplemental annual report or director of the corporation or the receiver or director of the corporation or the receiver or director to the corporation or the receiver or director block 12 or Block 13 if changed, or on an attachment with qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an arrived to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

FILED

Apr 28 1998 8:00am

Secretary of State