SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

CITY-ST-7IP

14. I do hereby certify that the information supplied with this fill information indicated on this annual report or supplemental I am an officer or director of the corporation of the receiver appears in Block 12 or Block 13 if changed, 40 on an attact

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) 1997 JUL 18 PH 4: 21 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT #** S09965 (2)I.T.N. OF MIAMI, INC. Mailing Address Principal Place of Business MIAMI FL 33166 MIAMI FL 33166 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualified 3a. Date of Last Report 11/01/1990 02/12/1996 2. Principal Place of Business 26. Mailing Address 26. \$43.0 Applied For 8430 72 St. sr 26 65-0225893 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing MIAMI FL MIAMI 28 Trust Fund Contribution Added to Fees 23 33166 Country 8. This corporation owes or has paid the current year Intangible USA 29 Personal Property Tax due June 30. X Yes ☐ No NSA g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AFTIMOS, MIMA AFTIMOS \mathbf{n} \mathbf{n} 7000-471-710T-0778EET タ430 ルル Street Address (P.O. Box Number is Not Acceptable) 82 SLITE В3 **MIAMI FL 33166** Zip Code 3 3 1 6 6 84 City MIAMI 502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered gations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions Sections 6 17. office or registered agent, agent. I am familiar with, a accept th SIGNATURE Signature, typed or pr ont and title if applicable (NOTE Registered Agent signature required when reinstating) ND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (4/97 ρ DELETE Addition TITLE 1.1 TITLE Change AFTIMOS, ASMA NAME 1.2 NAME CR2E034 8430 NW 72st STREET ADDRESS 7886 HW PIST STREET 1.3 STREET ADDRESS MIAMI FL 33166 1.4 CHY- ST- 7IP CITY-ST-ZiP Change DELFTE Addition TITLE 2.1 TITLE TORKO MARIA ZIMMERMAN JULIAN NAME 2.2 NAME 7806 NW 71ST STREET 8430 22 STREET ADDRESS 2.3 STREET ADORESS MAIN MIAMI FL **33**166 CITY-S1-ZIP 2 4 CITY - ST- ZIP DELETE TIBLE 3.1 TITLE FADI AFTIMOS NAME 3.2 NAME 3.3 STHEET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change 41 TOLE ☐ Addition TITLE NAME 4. 2 NAME 300002247103 4.3 STREET ADDRESS STREET ADDRESS -07/24/97--01104--017 CITY - ST ZIP 4.4 CITY - ST- ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP Addition DELETE TATLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 City-St-ZiP

lith an address.

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the injustifier port is true and accurate and that my signature shall have the same legal effect as if made under oath; that this empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

APPROVED



65-0225893

07/15/97

Division of Corporations Annual Reports Section P.O. Box 1500 Tallahassee, Fl 32302-1500

Dear Madam/Sir:

I am writing you this letter to respectfully ask for the waiver of the late penalty for the filing of the annual report. I never received the 1st notice to pay which was probably due to our change of address. We have always paid on time in the years past.

I thank you for your understanding.

Regards,

Asma Aftimos President