SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Mailing Address

I.T.N. OF MIAMI, INC.

Principal Place of Business

FILED Sep 09 1998 8:00am Secretary of State

|--|--|--|--|--|

| 8430 NW 72 ST | | 843U NW 72 ST. MIAMI FL 33166 | | | | | | | |
|----------------------|--|----------------------------------|--|---|---|-----------------|-----------------------------------|--|--|
| US | | US | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | 3. Date Incorporated or Qualified 11/01/1990 | | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For | | |
| 21 | | 26 | | | 65-0225893 | | Not Applicable | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | the management of the control of the | | 5. Certificate of Status Desired | \$ | \$8.75 Additional Fee Required | | |
| City & State | | City & State | City & State | | 6. Election Campaign Financing | | \$5.00 May Be | | |
| 23 | | 28 | | | Trust Fund Contribution | | Added to Fees | | |
| Zip | Country | Zip | Country 8. This corporation owes or has paid the current year Int | | | | | | |
| 24 | 25 | [29] | 30 | · | Personal Property Tax due June 10. Name and Address of New Re | | | | |
| 4 | 9. Name and Address of Curi | ent Registered Agent | 81 | Name | 10. Name and Address of New Re | gistered Agei | 11 | | |
| | MOS, MIMA | | Ľ. | l | | | | | |
| 8430 NW 72 ST. | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | ю) | | | |
| MIAN | AI FL 33166 | | 83 | | | | | | |
| | | | | | | | | | |
| | | | 84 | City | | FL 8 | 5 Zip Code | | |
| 44 Durawani | to the provisions of andions 607.0 | EO2 and EO7 1508 Etorida Statut | as the shows | named coro | pration submits this statement for the purp | | no its registered | | |
| office or | registered agent, or both, in the Stamman familiar with, and accept the ob | ate of Florida. Such change was | authorized by | / the corporat | lion's board of directors. I hereby accept | the appointme | nt as registered | | |
| SIGNATURE | Signature, typed or printed name of registered (| agent and title if applicable (N | OTE: Registered | Agent signature rec | quired when reinstating) | DATE | | | |
| 12. | OFFICERS | AND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFI | CERS AND D | IRECTORS IN 12 | | |
| TITLE | P | DELETE | 1.1 TITLE | | | ا لــا | Change L Addition | | |
| NAME | aftimos, asma | | 1.2 NAME | | | | | | |
| STREET ADDRESS | 8430 NW 72 ST. | | 1.3 STREE | T ADDRESS | | | | | |
| CITY-ST-ZIP | MIAMI FL 33166 | | 1.4 CITY-S | 7-ZIP | | | | | |
| TITLE | S | L DECETE | 2.1 TITLE | | | ا لــا | Change L Addition | | |
| NAME | TORRO, JULIAN | | 2.2 NAME | | | | j | | |
| STREET ADDRESS | 8430 NW 72 ST. | | | TADDRESS | , | | ļ | | |
| CITY-ST-ZIP | MIAMI FL 33166 | | 2.4 CHTY-S | T-ZIP | | | | | |
| TITLE | AFTIMOS EADI | LJ DELETE | 3.1 TITLE | | | البا | Change Addition | | |
| NAME | AFTIMOS, FADI | | 3.2 NAME | | | | | | |
| STREET ADDRESS | 8430 NW 72 ST. MIAMI FL 33166 | | 1 | TADDRESS | | | | | |
| CITY-ST-ZIP | MINMI LE 09100 | Deces | 3.4 CITY-S 4.1 TITLE | 1-ZIP | | | Change Addition | | |
| TITLE | | | 4.1 IIILE 4.2 NAME | | | السا | Sharige [] Addition | | |
| NAME | | | | I ADDRESS | | | | | |
| STREET ADDRESS | | | 4.4 CITY-S | | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.1 TITLE | 1-211 | | | Change Addition | | |
| NAME | | ["] DECEME | 5.2 NAME | | | | Publice FT Vocitor | | |
| | | | | T ADDRESS | | | | | |
| STREET ADORESS | | | 5.4 CITY-S | | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 6.1 TITLE | 1-211 | | | Channe Addition | | |
| NAME | | f There is | 6.2 NAME | | 50000263 -03/09/98010 | 35: 36 | | | |
| STREET ADDRESS | | | | T ADDRESS | -09/09/98010 |)59 00 6 | ・・・クソー | | |
| | | | 6.4 CITY-S | | ***175.00 | | প | | |
| CITY-ST-ZIP | | | 0.4 UTT-S | 1-417 | | | | | |

14. I hereby 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 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.

0/23/98 (25)710 9625



08/23/98

Florida Department of State Division Of Corporations

Ref: .65-0225893

Dear Sir / Madam,

I am sending you the Profit Corporation Annual Report For I.T.N. of Miami with the regular Dues of \$175. I respectfully ask you to waive the penalty associated with late filings as I never received the initial notice. I hope that you will consider the fact that we always filed on time since we have been in business.

I thank you for your consideration.

Regards,

Fadi Aftimos Treasurer