FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

DOCUI . Corporation		# V6626 TION, INC.	64	(5)	CORPORA	TIONS		A HADAN SANGAN BANKE SANG ARANG ARANG	idali Bigi giga	BiBil Sibil Bia	IJ 8:6:1 8:8:1 1884
Principal Place of Business 407 LINCOLN RD 10-B MIAMI BEACH FL 33139		Mailing Address 407 LINCOLN RD 10-B MIAMI BEACH FL 33139									
US			US					 Date Incorporated or Qualified 09/24/1992 		te of Last F 02/07/19	Report 195
. Principal Pia -	ace of Busines	s	2a. M	ailing Address				4. FEI Number 65-0357778			Applied For
Suite, Apt	#, etc.	· · · · · · · · · · · · · · · · · · · ·		iite, Apt. #, etc.				Certificate of Status Desired		\$8.7	Not Applicable Additional
City & State)			ty & State				Election Campaign Financing Trust Fund Contribution		\$5.0	Required May Be to Fees
	2 Name o	Country 5 nd Address of Currer	29 29		Coun	try		8. This corporation has liability for Florida Statutes	as 🔲 No	tax under s	
	y, name a	na Address of Currer	nt Hegistere	ea Agent		1 Name		10. Name and Address of New	Registered	Agent	
848 BRIG	ON & CHAR CKELL AVEN	CHAT , P.A. NUE, STE. 400			8	32 Street	Address	(P.O. Box Number is Not Accepta	atile)	<u></u>	
SUITE 4	. –				6	13			***************************************		
MIAMI F	L 00101				1.0	A 034					
Pursuant to or registere familiar with	o the provision ed agent, or bo h, and accept	the obligations of, Sect	tion 6 07,050	5, Florida Statutes	es, the above	City -named cirporation's	orporatio board o	on submits this statement for the pu of directors. I hereby accept the app	FL urpose of ch pointment as	_	egistered offici agent. I am
Pursuant to or registere familiar with	o the provision ed agent, or bo h, and accept	the obligations of, Sect proted name of registered agent	tion 607,050 fand title if applica	5, Florida Statutes	es, the above ed by the co	e-named corporation's	boaro o	or reinstating)	urpose of ch pointment as	anging Its is registered	egistered offic agent. I am
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SIGNATURE: CATILLO COSPAN DE BORINIO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR Date Date Depting Provide I