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

PROFIT CORPORATION ANNUAL REPORT

1998



Ft ORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P94000064738 (5)

1141. INC.

FILED Feb 24 1998 8:00am Secretary of State

,,,,,,													
Principal Place of Business				Mailing Address					ı imbişanı ile fairi elgir antil enili gelil		1 91917 (9996 1	**************************************	
200 S. BISCAYNE BLVD.			200 S. BISCAYNE BLVD.										
SUITE 2100 MIAMI FL 33131			SUITE 2100 MIAMI FL 33133						DO NOT WRITE IN THIS SPACE				
US	ışı		U:						3.	Date Incorporated or Qualified			
										08/29/1994			
	Place of Business		2a.	Mailing Address					4.	FEI Number			Applied For
21			26							65-0513885			Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5.	Certificate of Status Desired			Additional
City & State			27 City & State						 				Required
23			28						6.	Election Campaign Financing Trust Fund Contribution	П		O May Be d to Fees
Zip Country			Z _{ID} Country							This corporation owes or has paid	the cur	 	
24	25	·	29	•	30	•			"	Personal Property Tax due June 3	_		□ No
	g, Name and	Address of Current F	legisi	lered Agent	-4-1-1				10.	Name and Address of New Regi	istered /	Agent	
HA	NZMAN, MICHA	EL A				81	Nam	e					
200	0 S. BISCAYNE	BLVD				82	Stree	et Addre	ss (F	P.O. Box Number is Not Acceptable			
	ITE 2100									,			
Į MI	AMI FL 33131					83							
1						84	City			•		85 Zip	Code
44 Pursuant	to the provinces	of Contrary CO7 01-02		07 11 09 Horido State	iton the	about		al come	-atia	a submite this statement for the sur	FL	, l	lto registered
office or	registered agent.	or both, in the State of	Floriç	La Such change was	authoriz	ed by	the co	orporatio	nauo n's b	n submits this statement for the pur poard of directors. I hereby accept	the app	ointment a	s registered
I	am lamiliar with, ar	nd accept the obligation	ons of	, Section 607.0505, F	lorida St	tatutes	3.						
SIGNATURE	Signature funed or pro-	had name of repetitives agent a	un I I lier	if applicable (NO	H Registe	red Ape	Isopia In	ure required	when	reinstating)	DATE		
12.		OFFICERS AND I			13					ADDITIONS/CHANGES TO OFFICE		DIRECTO	DR\$ IN 12
TITLE	D			DELETE	1.1	TITLE						☐ Change	■ Addition
NAME	HANZMAN, I				1.2	NAME							
STREET ADDRESS		ayne blvd suite :	2100		1.3	STREET	ADDRES	s					
CITY-ST-ZIP	MIAMI FL			· · · · · · · · · · · · · · · · · · ·		CITY-S	T-ZIP						
TITLE	D			☐ DELETE		TITLE		-				Change	Addition
NAME	CRIDEN, MIC					NAME							
STREET ADDRESS	1	AYNE BLVD SUITE	2100			STREET		3					
CAY-ST-ZIP TITLE	MIAMI FL			DELETE		CITY-S	T-ZIP			·**		Change	Addition
NAME				_ bettie		NAME						L Change	L Addition
STREET ADDRESS						STREET	AUUDEGI	,					
CITY-ST-ZIP						CITY-S		'					
TITLE				DELFTE		TITLE	11-714					Change	Addition
NAME					4. 2	2 NAME							
STREET ADDRESS						STREET	ADDRES:	, l					
CITY-ST-ZIP					4.4	CITY-S	T - ZIP	ı					
TITLE				DELETE		TITLE						Change	☐ Addition
NAME					5.2	NAME							
STREET ADDRESS					5.3	STREET	ADDRESS	3					
CITY-ST-ZIP	L				5.4	CITY-S1	T-21P						
TITLE] DELETE		TITLE						Change	Addition
NAME						NAME							
STREET ADDRESS					6.3	STREET		3					
CITY CT . 710					E 6.4	CITY OF	710						

14. Thereby 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 suppliemental 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 13 if changed, or on an attachment with an address.