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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

|   | MENT #<br>n Name<br>IMAN + ASSO                                       |  | 3 (1)   |   |                           |                                  |  |                  |                        |                              |
|---|---|--|---|---|---------------------------|----------------------------------|--|------------------|------------------------|------------------------------|
| Principal Place of Business  ROBERT A. RAUCHMAN 5210 SW 60TH PLACE MIAMI FL 33155 |   |  | Mailing Address  ROBERT A. RAUCHMAN 5210 SW 60TH PLACE MIAMI FL 33155                 |   |                           | DO NOT WRITE                     |  |                  |                        |                              |
| MINMIFL 331   | 93  |  | MIMMI FL 33100  | •   |                           |                                  | 3. Date Incorporated or Qualified  | - 114 11 110 017 |                        | <del></del>                  |
|   |   |  |   |   |                           |                                  | 04/20/1989   |                  |                        |                              |
| 2. Principal Place of Business  |   |  | 2a. Mailing Address   |   |                           |                                  | 4. FEI Number  |                  | · · · ·                | pplied For                   |
| Suite, Apt. #, etc.   |   |  | Suite, Apt. #, etc.   |   |                           | 65-0115071                       |  | -                | ot Applicable          |                              |
| 22  | #, <b>0</b> (C.   |  | 27  |   |                           | 5. Certificate of Status Desired |  |                  | Additional<br>leguired |                              |
| City & State  | )   |  | City & State  |   |                           | 6. Election Campaign Financing   |  |                  | May Be                 |                              |
| 23  |   | 28   |   |   |                           | Trust Fund Contribution          |  |                  | to Fees                |                              |
| Zip   | Co  | untry  | Zip   | Cour  | itry                      |                                  | 8. This corporation owes or has pa   |                  | t year In              | tangible                     |
| 24  | 25  |  | 29  | 30  |                           |                                  | Personal Property Tax due June   |                  |                        | _] No                        |
|   |   |  | Registered Agent  |   | B1 Nar                    |                                  | 10. Name and Address of New Re   | egistered Age    | ∍nt                    |                              |
|   | UCHMAN, ROBEF   |  |   |   | - Nar                     |                                  |  |                  |                        |                              |
|   | IO SW 60TH PLAI   | JE .   |   | Ţ.  | 82 Stre                   | et Addr                          | ess (P.O. Box Number is Not Acceptate  | ole)             |                        | -                            |
| MIA   | MI FL 33155   |  |   | 1.  | B3                        |                                  |  |                  |                        |                              |
|   |   |  |   | L   |                           |                                  |  |                  |                        |                              |
|   |   |  |   |   | B4 City                   | 1                                |  | FL <sup>l</sup>  | 35 Zip                 | Code                         |
| 11. Pursuant t<br>office or re<br>agent. I ar                                     | o the provisions of t<br>egistered agent, or in<br>tamiliar with, and | Sections 607.0502<br>both, in the State o<br>accept the obliga | and 607.1508, Florida Sta<br>of Florida Such change wi<br>lions of, Section 607.0505, | atules, the aboas authorized<br>Florida Statu | ove-name<br>by the dites. | ed corp<br>corporati             | oration submits this statement for the poor's board of directors. I hereby acception's | ourpose of ch    | anging i               | its registered<br>registered |
| SIGNATURE   | Signature typed or printed  | nage of two bond poor  | and the develophe   | ICITE: Denistored                             | Acoust since              | dura convice                     | ed when reinstating)   | DATE             |                        |                              |
| 12.   | arginatore typero or printing   | OFFICERS AND   |   | 13.   | videut sidu               | nure require                     | ADDITIONS/CHANGES TO OFFIC   |                  | RECTÓ                  | RS IN 12                     |
| TITLE   | 75  |  | DELETE  | 1.1 1111                                      | . <del>E</del>            | T                                |  |                  | Change                 | Addition                     |
| NAME  | RAUCHMAN, F   | robert a.  |   | 1.2 NAA                                       | ΛE                        |                                  |  |                  |                        |                              |
| STREET ADDRESS  | 5210 SW 60TH  | 1 PLACE  |   | 1.3 STR                                       | EET ADDRE                 | ss                               |  |                  |                        |                              |
| CITY-ST-ZIP   | MIAMI FL  |  |   | 1.4 CITY                                      | r-ST-ZIP                  |                                  |  |                  |                        |                              |
| TITLE   |   |  | ☐ DELETE  | 2.1 TiTL                                      | .E                        |                                  |  |                  | Change                 | Addition                     |
| NAME  |   |  |   | 2 2 NAN                                       | <b>NE</b>                 |                                  |  |                  |                        |                              |
| STREET ADDRESS  |   |  |   | : 23 STR                                      | EET ADDRE                 | ss                               |  |                  |                        |                              |
| CITY-ST-ZIP   |   |  | T or er   |   | Y-ST-ZIP                  |                                  |  |                  | Ob                     | C a a abb                    |
| TITLE   |   |  | DELETE  | 3.1 TITL                                      |                           | ļ                                |  | لـا              | Change                 | Addition                     |
| NAME<br>DEDECT ADDRESS  |   |  |   | 3.2 NAM                                       |                           | ,,                               |  |                  |                        |                              |
| STREET ADDRESS  |   |  |   |   | EET ADDRES                | »                                |  |                  |                        |                              |
| CITY-ST-ZIP<br>TITLE  |   |  | DELETE  | 4.1 TITL                                      | Y-ST-ZIP<br>E             | <del> </del>                     |  |                  | Change                 | Addition                     |
| NAME  |   |  | _   | 4. 2 NA                                       |                           |                                  |  | _                |                        |                              |
| STREET ADDRESS  |   |  |   | 1   | eet addre:                | ss                               |  |                  |                        |                              |
| CITY-ST-ZIP   |   |  |   |   | -ST-ZIP                   |                                  |  |                  |                        |                              |
| TITLE   |   |  | ☐ DELETE  | 5.1 TITL                                      |                           |                                  |  |                  | Change                 | Addition                     |
| NAME  |   |  |   | 5.2 NAM                                       | 16                        |                                  |  |                  |                        |                              |
| STREET ADDRESS  |   |  |   | 5 3 STRI                                      | eet addres                | ss                               |  |                  |                        |                              |
| CITY+ST-2IP   |   |  |   | 5.4 City                                      | (-ST-ZIP                  |                                  |  |                  |                        |                              |
| TITLE   |   |  | DELETE  | 6.1 TITL                                      |                           |                                  |  |                  | Change                 | Addition                     |
| NAME  |   |  |   | 6.2 NAM                                       |                           |                                  |  |                  |                        |                              |
| STREET ADDRESS  |   |  |   |   | EET ADDRES                | SS                               |  |                  |                        |                              |
| CITY-ST-7IP   |   |  |   | ■ 64 CITY                                     | 7 ST-7IP                  | 1                                |  |                  |                        |                              |

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 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 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 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 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 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 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 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 of the corporation of the corpora

SIGNATURE:

HM AN

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305-663-9432

**FILED** 

Mar 24 1998 8:00am

Secretary of State