File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address

**DOCUMENT #** 

FILED APR 27 PH 2: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA

10560 NW 27 STREE SUITE 101 MIAMI FL 33172  2. Principal Place of Business 7600 log Road Suite, Apt. #, etc.  City & State Boyton, Beach , F1	INTERDEVCO CHARLESTON, L.C. 10560 NW 27 STREET SUITE 101 MIAMI FL 33172  Principal Place of Business 600 Jog Road 9, Apt. #, etc.  8 State  City & State				1a. Principal Place of Business Address  10560 NW 27 STREET SUITE 101 MIAMI FL 33172  3. Date Organized or Qualified 3a. State of Formation  01/25/1994 FL 4. FEI Number Applied For  65-0468502 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired			
Zip Country	Zip	Cou	niry			\$8.75 Additional Fee Required		
33467 USA	334		USA	1 03/10/19	107	<u> </u>		
7. Name and Address of Curre	Agent	_	Name and Address	of New Registe	red Agent/Office			
DALAI, ROGER 7241 JOG ROAD LAKE WORTH FL 33467  9. Pursuant to the provisions of Sections 608.41 Its registered office or registered agent, or both, in	6 and 608.508, the State of Flor	Florida Statutes, the	7600 Suite, Apt. #, etc City  Boyton	r Dala1 P.O. Box Number is Jog Road Beach liability company subtitive vote of a majority	FL omits this statem	Zip Code  33467	iging ment	
as registered agent, and accept the obligations.  SIGNATURE	na Appointment) (Ab	OTE Prograved Apost signal	Live inquired whose reportation	DA	ATE	· · · · · · · · · · · · · · · · · · ·	_	
Title Managing Members/Managers		OTE Registered Agent signature required when reinstating)  Business Street Address		9)	City, State and Zip Code			
MEMXXMOXEXXXXMAXXXXXXXXXXXXXXXXXXXXXXXXX	CTS, L	K <b>R 24 K</b> X <b>X X X X X X X X X X X X X X X X X X</b>	X <b>READ</b> XXXXXX oad X <b>XXXXXREAD</b> ROAD	<b>XXXXXXXXX</b> XXXXXXXXXXXXXXXXXXXXXXXXXXX	MAKEXAX Boyta MKAMIXA LAKE WO MKAMIXA 10025 -04/28/3	XRXXXXXXX on Beach, F1 3: XV ORTH FL	8	
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11. Ido hereby 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or sustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Roger Dalal 3-25-98

561-968-0339