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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V40088**

1. Corporation Name

3430 LAUDERHILL, INC.

Principal Place	of Business	Mailing Address						
4700 HIATUS ROAD		4700 HIATUS ROAD						
STE 153		STE 153						
SUNRISE FL 33351		SUNRISE FL 33351		DO NOT WRITE IN THIS SPACE				
US		US			3. Date Incorporated or Qualifed 06/01/1992			
		1 - 14 10 - 4 44	·	<del></del>	4. FEI Number			-lied For
2. Principal Pl	ace of Business	2a. Mailing Address					<del></del>	oplied For
21		26			65-0335353			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired			Additional	
22		27				ree K	equired	
City & State	9	City & State		<ol><li>Election Campaign Financing</li></ol>			May Be	
23	· · · · · · · · · · · · · · · · · · ·	28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the curr	ent year in		_
24	25	29	30		Personal Property Tax.	_,_	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New I	Registered	Agent	
			81	Name	et, Benjamin J.			ĺ
	et, benjamin		82	Street Add	ress (P.O. Box Number is Not Accepta	able)		
4700	HIATUS RD		02		O Hiatus Road	apiej		
STE 153			83	· "				
SUNRISE FL			L	Sui	te 153			
			84	City	rise	FL	85 Zip	Code 3351
		00 1 CO7 4500 Fly-ide Chabite	- +60 -6	Sun	A 156			
office or re	to the provisions or Sections 607.05 egistered agent or both_in_the State	oz and 607.1506, Florida Statute of Florida. Such change was au	thorized by	the corporati	poration submits this statement for the on's board of directors. I hereby acce	pt the appo	intment as re	gistered
agent. I a	m familiar with and accept the oblig	ations of, Section 607.0505, Flori	ida Statutes	i.				
SIGNATURE			J. Gen	et, Pre	s/Sec/Tre/Dir		Jan 99	
	Signature, typed or print of name of registered ago			nt signature require	ed when reinstating)	DATE	ID DIDEOR	200 111 40
.12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AT	Change	Addition
TITLE	DPST	☐ DELETE	1.1 TITLE				(_) Change	
NAME	GENET, BENJAMIN		1.2 NAME					
STREET ADDRESS	4700 HIATUS RD STE 153		1.3 STREE	TADDRESS	•			
CITY-ST-ZIP	SUNRISE FL 33351		1.4 CITY-S	T-ZIP				
TITLE	<del></del>							
		☐ DELETE	2.1 TITLE			· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
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		☐ DELETE	2.2 NAME	T ADDRESS		· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
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SIGNATURE:

BenjaminEJA Genet, Pres/Sec/Tre/Dir

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, with all other like empowered.

25 Jan 99

(954) 572-9159

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90070 038 \*\*\*150.00