FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00								FILED				
PROFIT CORPORATION			FLORIDA DEPARTMENT OF					May 01 1998 8:00			00an	
ANNUAL REPORT			Secretary of State					Secretary of State				
1998 DIVISION OF C					DRPORATIONS			Beeretai	y OI	Du	aic	
FORT (	DALLAS DOCKS, I		(8)					 				
Principal Place of Business Mailing Address  C/O TAX DEPARTMENT  250 EAST FIFTH STREET 27TH FLOOR  Mailing Address  C/O TAX DEPARTMENT  250 EAST FIFTH STREET 27TH FLOOR					TH FLOOR							
CINCINNATI (	OH 45202	C	INCHNATI OH 45202					DO NOT WRITE  3. Date Incorporated or Qualified	IN THIS SPAC	Œ		
								12/29/1943				
2. Principal P	lace of Business	20.	Mailing Address	<del></del>				4. FEI Number		Ap	plied For	
Suite, Apt.	# oro	26	Suite, Apt. #, etc.					59-0522457			t Applicable	
22	w, etc.	27	<del></del>					5. Certificate of Status Desired	□ <b>*</b>	Fee Re	Additional equired	
City & Stat	ө		City & State					6. Election Campaign Financing			May Be	
<b>23</b> Zip	Country	28	7ip	Τcα	intry			Trust Fund Contribution  8. This corporation owes or has pai	d the current	Added I		
24	25	29		30	•			Personal Property Tax due June			] No	
	9. Name and Addre		lered Agent					10. Name and Address of New Reg	Istered Age	nt		
	CORPORATION SY				81	Name						
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					82	Street	Addre	ss (P.O. Box Number is Not Acceptable	ө)			
P.U	WINION FL 33324				63					<u>-</u>		
					84	City			<b></b> 8	710.1	Code	
					i	•				1		
11. Pursuant office or r agent. I a	to the provisions of Sect egistered agent, or both m familiar with, and acc	ions 607.0502 and 60 i, in the State of Florid ept the obligations of	07.1508, Florida Statu la. Such change was , Section 607.0505, F	ites, the al authorize torida Stal	bove d by tutes	r-named the corp i.	corpo oratio	ration submits this statement for the pu on's board of directors. I hereby accep	rpose of cha t the appointr	nging it nent as	s registered registered	
SIGNATURE	Signature, typed or printed name	of recusioned accord and tillo	il applicable (NO	IF Registere	d Age	nt signature	requirec	when reinstating)	DATE			
12.	0	FFICERS AND DIREC		13.				ADDITIONS/CHANGES TO OFFICE		ECTOR	S IN 12	
TITLE	PD TUOMAGE		DELETE	1.1 To	TLE		AD.			Change	X Addition	
NAME	NIST, THOMAS R 3030 NE 2ND AVE	SAN AC		1.2 N				quero, Gustavo F.				
STREET ADDRESS	MIAMI FL	.110£						O NE 2ND Avenue				
CITY-ST-ZIP TITLE	VD		DELETE	1.4 CI 2 1 TI			PD	THE PL		Change	X Addition	
NAME	SCHINTZIUS, DAV			2.2 N		ı	F11	liater, Jeff E.		_	_	
STREET ADDRESS	3030 NE 2ND AVE			2.3 \$1	TABET	address	303	0 NE 2nd Avenue				
CITY-ST-ZIP	MIAMI FL					T-ZIP	Mia	ımi FL	· · · · · · · · · · · · · · · · · · ·			
TITLE	ST JORDAN, WILLIAM	0	DELETE	3.1 Ti					L	Change	Addition	
NAME STREET ADDRESS	3030 N.E. 2ND AV			3.2 N		1000000						
CITY-ST-ZIP	MIAMI FL	_				ADDRESS T-2ip						
TITLE	V		DELETE	4.1 TJ						Change	☐ Addition	
NAME	LIGAN, WARREN	J.		4.2 N	AME	.						
STREET ADDRESS	250 E FIFTH ST			4.3 \$1	REET	ADDRESS					•	
CITY-ST-ZIP	CINCINNATI OH		DELETE	4.4 CI		I-ZIP				Change	Addition	
TITLE NAME			☐ DELEGE	5 1 TI 5.2 N					LJ	ou <b>an</b> ûs	L. AUGURON	
CEDET ADDOCCC						ADDDECC						

14. Thereby 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 another 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 of the receiver of the corporation of the receiver of the 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.

SIGNATURE:

Warren J. Ligan 4/6/98 (513) 784–8727

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

Change Addition

☐ DELETE

CITY - ST - ZIP

STREET ADDRESS

TITLE NAME