

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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90156 046 \*\*\*150.00

DOCUMENT # 450425

1. Corporation Name

IRANA SERVICE CORP.

Principal Place of Business

291 E. 2ND STREET  
P.O. BOX 1360  
HIALEAH FL 33011

Mailing Address

291 E. 2ND STREET  
P.O. BOX 1360  
HIALEAH FL 33011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1974

4. FEI Number  
59-1544928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 15940 W. Troon Cr

Suite, Apt. #, etc.

22

City & State

23 Miami FL

Zip

24 33014

Country

25

2a. Mailing Address

26 15940 W. Troon Cr

Suite, Apt. #, etc.

27

City & State

28 Miami FL

Zip

29 33014

Country

30

9. Name and Address of Current Registered Agent

JOHN S. YERMACK JR.  
291 E 2ND ST  
HIALEAH FL 33011

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D MONTANARI, ANTONIO G.

STREET ADDRESS 291 E. 2ND ST.

CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME D YERMACK, ADELE

STREET ADDRESS 291 E. 2ND ST.

CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME D BARTLETT, HILDA

STREET ADDRESS 2424 N. BAY RD.

CITY-ST-ZIP MIAMI BEACH FL

TITLE ☐ DELETE

NAME PD YERMACK, JOHN S.

STREET ADDRESS 291 E. 2ND STREET

CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE REQUIRED

4-26-99 305 822 3300

Date

Daytime Phone #

0124678

CR2E034 (11/98)