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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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	MENT # on Name  GE M. PULLIA		(.)			) 1887/1 0/0/J FREID 10/III 10800 WH	O Arti Olaja Dioli	† <b>8)3</b> 02 <b>8</b> 10	NI DIBU BIDIR KODI
Principal Place of Business Mailing Address 6201 S.W. 70TH STREET 6201 S.W. 70TH STREET SUITE 102 SUITE 102									
SOUTH MIA	MI FL 33143		SOUTH MIAMI FL 3	3143		3. Date Incorporated or Qualified	3a. Date of	of Last I	Report
2. Principal P	lace of Business					06/26/1975		/01/19	
21	add of Business		2a. Mailing Address			4. FEt Number 59-1617433			Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			08-1017403			Not Applicable
22			27			5. Certificate of Status Desired			5 Additional Required
City & State	e 		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.0	00 May Be
Zip <b>24</b>	25	untry	Z <sub>I</sub> p <b>29</b>	Country 30	·	8. This corporation has liability for it Florida Statutes Yes			ed to Fees 199.032,
	9. Name and Ad	dress of Current	Registered Agent			10. Name and Address of New R		pent	
DEMINO	III A DEGIGERA			81 1	Name				
200 SE	ula registered First street.	AGENTS, INC.		82 5	Street Addres	ss (P.O. Box Number is Not Acceptable	e)		
MIAMI F							<del></del>		
micot) i	L 00131			83					
				1 1	City				p Code
11 Duramont	o the provisions of S	ections 607,0502 a	nd 607,1508, Florida Statu	Ites, the above-nam		tion submits this statement for the purp	FL	<u> </u>	·
or register familiar wit	ed agent, or both, in h. and accept the ob	the State of Florida	Such change was author	ized by the corpora	ieu corporat tion's board	of directors. I hereby accept the appo	xose or chang intment as re	ging its i aistered	registered office
SIGNATURE _	ed agent, or both, in h, and accept the ob	oligations of, Section	d tille if applicable	OTE. Registered Agent e.g		of directors. Thereby accept the appoint	DATE DATE	gisterec	agent. I am
SIGNATURE _	Signature, typed or printed no	ane of registered agent an	d tille if applicable	98.		or amounts. Thereby accept the appo	DATE DERS AND DI	gistered	PRS IN 12
SIGNATURE	Synature, typed or printed in  PD  PULLIAS, GEO	ane of registered agent an OFFICERS AND I	d tile if applicable InDIRECTORS	OTE. Registered Agent sig		of directors. Thereby accept the appoint	DATE DERS AND DI	gisterec	agent. I am
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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 Bloch 13 if changed, or an attachment with an address. SIGNATURE:

305-6618984