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

PROFIT : CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

01-29-1999 90038 019 \*\*\*150.00

**FILED** 

Jan 29, 1999 8:00am

**Secretary of State** 

DOCUMENT # 490479

Principal Place	e of Business	Mailing Address		I LAMBINE MANTER ENSIN MANIN MANTEN CA	1610 1811 81811 81811 81811 61811 81811 818	
9100 S DADELAND BLVD SUITE 1602 9100 S DADELAND BLVD SUITE 1602			DO NOT WRI	ITE IN THIS SPACE		
MIAMI FL 33156 MIA				3. Date Incorporated or Qualifed		
,				12/08/1975		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Appl	ied For
21		26	·	59-1633868	Not a	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1	5. Certifcate of Status Desired	□ \$8.75 Ad	- 1
22		27		C. Continuate of Clates Desired	Fee Req	
City & Stat	te 🤼 🔭	City & State,		6. Election Campaign Financing	□ \$5.00 M	
23	* * * * * * * * * * * * * * * * * * * *	28	Country	Trust Fund Contribution	Added to	rees
Zip	Country	Zip	Country	This corporation owes the curl     Personal Property Tax.		JNo
24	9. Name and Address of Cu		30	10. Name and Address of New I		
	J. Name and Address of Oc		81 Name			
HEL	MAN, NARD S.	•	20 01 15	(D.O. B.) Market in Nat.	-h1-\	
	O S DADELAND BLVD		82 Street Addr	ress (P.O. Box Number is Not Accepta	able)	
SUN	TE 1602		83	11, 35 % 40 811 913	or also recommended	
MIAI	MI FL 33156		84 City	First Control	85 Zip Co	do
			84 City		FL   S   Z   P C C	iue
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the on's board of directors. I hereby accept	purpose of changing its re	egistered
			inorized by the comoratio		ot the appointment as regr	stereu i
agent. I a	registered agent, or both, in the S am familiar with, and accept the o	bligations of, Section 607.0505, Flor	rida Statutes.	bird board of directors. Thereby adde	,	
agent. Fa	registered agent, or both, in the same familiar with, and accept the of	bligations of, Section 607.0505, Flor	rida Statutes.	or a model of the control of the con	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
agent li a SIGNATURE	am familiar with, and accept the of	bligations of, Section 607.0505, Flor	ida Statutes. Registered Agent signature requires	ed when reinstating)	DATE	
agent.irá SIGNATURE 12.	am familiar with, and accept the of the office of the offi	bligations of, Section 607.0505, Flor  d agent and title if applicable. (NOTE: S AND DIRECTORS	Registered Agent signature required  13.	ed when reinstating)	DATE FICERS AND DIRECTOR	 S IN 12
SIGNATURE  12. TITLE	sm familiar with, and accept the ol	bligations of, Section 607.0505, Flor	Registered Agent signature requires  13.  1.1 TRLE	ed when reinstating)	DATE	
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registere  OFFICERS  PD  HELMAN, NARD S	bligations of, Section 607.0505, Flor  d agent and title if applicable. (NOTE:  S AND DIRECTORS  DELETE	Registered Agent signature required  13.  1.1 TITLE  1.2 NAME	ed when reinstating)	DATE FICERS AND DIRECTOR	 S IN 12
agent. Tá SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registere OFFICER: PD HELMAN, NARD S 9100 S. DADELAND BLVD,	bligations of, Section 607.0505, Flor  d agent and title if applicable. (NOTE:  S AND DIRECTORS  DELETE	Registered Agent signature required  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS	ed when reinstating)	DATE FICERS AND DIRECTOR	 S IN 12
agent. I a SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registere  OFFICERS  PD  HELMAN, NARD S	bligations of, Section 607.0505, Flor  d agent and title if applicable. (NOTE:  S AND DIRECTORS  DELETE  STE 1602	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ed when reinstating)	DATE FICERS AND DIRECTOR Change	S IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registere OFFICER: PD HELMAN, NARD S 9100 S. DADELAND BLVD,	bligations of, Section 607.0505, Flor  d agent and title if applicable. (NOTE:  S AND DIRECTORS  DELETE	Registered Agent signature required  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTOR	 S IN 12
agent. Ta	Signature, typed or printed name of registere OFFICER: PD HELMAN, NARD S 9100 S. DADELAND BLVD,	bligations of, Section 607.0505, Flor  d agent and title if applicable. (NOTE:  S AND DIRECTORS  DELETE  STE 1602	Registered Agent signature required  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ed when reinstating)	DATE FICERS AND DIRECTOR Change	S IN 12
agent. Tale SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registere OFFICER: PD HELMAN, NARD S 9100 S. DADELAND BLVD,	bligations of, Section 607.0505, Flor  d agent and title if applicable. (NOTE:  S AND DIRECTORS  DELETE  STE 1602	Registered Agent signature required  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS	ed when reinstating)	DATE FICERS AND DIRECTOR Change	S IN 12
agent. Ta	Signature, typed or printed name of registere OFFICER: PD HELMAN, NARD S 9100 S. DADELAND BLVD,	bligations of, Section 607.0505, Flor d agent and title if applicable. (NOTE: S AND DIRECTORS DELETE  STE 1602	Registered Agent signature required  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ed when reinstating)	DATE FICERS AND DIRECTOR Change	S IN 12 Addition
agent. Ta	Signature, typed or printed name of registere OFFICER: PD HELMAN, NARD S 9100 S. DADELAND BLVD,	bligations of, Section 607.0505, Flor  d agent and title if applicable. (NOTE:  S AND DIRECTORS  DELETE  STE 1602	Registered Agent signature requires  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE	ed when reinstating)	DATE FICERS AND DIRECTOR Change	S IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	Signature, typed or printed name of registere OFFICER: PD HELMAN, NARD S 9100 S. DADELAND BLVD,	bligations of, Section 607.0505, Flor d agent and title if applicable. (NOTE: S AND DIRECTORS DELETE  STE 1602	Registered Agent signature requires  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	ed when reinstating)	DATE FICERS AND DIRECTOR Change	S IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registere OFFICER: PD HELMAN, NARD S 9100 S. DADELAND BLVD,	bligations of, Section 607.0505, Flor d agent and title if applicable. (NOTE: S AND DIRECTORS DELETE  STE 1602	Registered Agent signature requires  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS	ed when reinstating)	DATE FICERS AND DIRECTOR Change	S IN 12 Addition
3 agent. Ta SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registere OFFICER: PD HELMAN, NARD S 9100 S. DADELAND BLVD,	bligations of, Section 607.0505, Flor d agent and title if applicable. (NOTE: S AND DIRECTORS DELETE  STE 1602	Registered Agent signature requires  13.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTOR Change Change	S IN 12 Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registere OFFICER: PD HELMAN, NARD S 9100 S. DADELAND BLVD,	bligations of, Section 607.0505, Flor d agent and title if applicable. (NOTE: S AND DIRECTORS DELETE  STE 1602 DELETE	Registered Agent signature requires  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTOR Change Change	S IN 12 Addition Addition
3 agent. Ta SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registere OFFICER: PD HELMAN, NARD S 9100 S. DADELAND BLVD,	bligations of, Section 607.0505, Flor d agent and title if applicable. (NOTE: S AND DIRECTORS DELETE  STE 1602 DELETE  DELETE	Registered Agent signature requires  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTOR Change Change	S IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registere OFFICERS PD HELMAN, NARD S 9100 S. DADELAND BLVD, MIAMI FL	bligations of, Section 607.0505, Flor d agent and title if applicable. (NOTE: S AND DIRECTORS DELETE  STE 1602 DELETE  DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTOR Change Change	S IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registere OFFICERS PD HELMAN, NARD S 9100 S. DADELAND BLVD, MIAMI FL	bligations of, Section 607.0505, Flor  d agent and title if applicable. (NOTE:  S AND DIRECTORS  DELETE  STE 1602  DELETE  DELETE	Registered Agent signature required  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTOR Change Change	S IN 12 Addition Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registere OFFICERS PD HELMAN, NARD S 9100 S. DADELAND BLVD, MIAMI FL	bligations of, Section 607.0505, Flor d agent and title if applicable. (NOTE: S AND DIRECTORS DELETE  STE 1602 DELETE  DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTOR Change Change	S IN 12  Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  NAME  TITLE  TITLE  NAME  TITLE  TITLE	Signature, typed or printed name of registere OFFICER: PD HELMAN, NARD S 9100 S. DADELAND BLVD, MIAMI FL	bligations of, Section 607.0505, Flor d agent and title if applicable. (NOTE: S AND DIRECTORS DELETE  STE 1602 DELETE  DELETE	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE	ad when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTOR Change Change	S IN 12  Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  NAME  NAME  NAME  NAME	Signature, typed or printed name of registere OFFICER: PD HELMAN, NARD S 9100 S. DADELAND BLVD, MIAMI FL	bligations of, Section 607.0505, Flor d agent and title if applicable. (NOTE: S AND DIRECTORS DELETE  STE 1602 DELETE  DELETE	Registered Agent signature required  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME	d when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTOR Change Change	S IN 12  Addition  Addition  Addition  Addition  Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  SITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registere OFFICERS PD HELMAN, NARD S 9100 S. DADELAND BLVD, MIAMI FL	bligations of, Section 607.0505, Flor d agent and title if applicable. (NOTE: S AND DIRECTORS DELETE  STE 1602 DELETE  DELETE	Registered Agent signature required  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.5 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS	ad when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTOR Change Change	S IN 12  Addition  Addition
SIGNATURE  12.  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registere OFFICER: PD HELMAN, NARD S 9100 S. DADELAND BLVD, MIAMI FL	bligations of, Section 607.0505, Flor d agent and title if applicable. (NOTE: S AND DIRECTORS DELETE  STE 1602 DELETE  DELETE	Registered Agent signature required  13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  4.5 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP	ad when reinstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECTOR Change Change Change	S IN 12  Addition  Addition  Addition  Addition  Addition

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.

STREET ADDRESS