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

PROFIT CORPORATION ANNUAL REPORT

DOCUMENT 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

FILED Feb 10, 1999 8:00am **Secretary of State**

Katherine Harris Secretary of State DIVISION OF CORPORATIONS 1999 02-10-1999 90002 004 ***150.00

An April Parce of Business 2a	No BAYEN ONE AND BAYEN ORNE SURE 80 DALE PL 3300 EST FL LUDDERDALE PL 33004-2522 LA Mailing Address 2	_	& GOET P.A.					
SUITE 600 SUITE 600 SUITE 600 FT. LAUDERDALE FL 3304-2522 US SUITE 600 FT. LAUDERDALE FL 3304-2522 US SUITE 600 SUITE	SUITE 600 BALE FI. 30004/552 US SUITE 600 BALE FI. 30004/552 BALE F	Principal Place	of Business	_				
## AUDEROALE FL 33004-9328 Principal Place of Business 2a, Mailing Address 4, FEI Number 1, Applied 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	DALE PL 3000-2222 S. Duble Incorporated or Qualified 12/03/1976 Applied For 12/03/1976 Applied For 12/03/1976 Applied For 12/03/1976 Not Applied For 12/03/1976 Not Applied For Not		RIVE				THIS IN THIS	CDACE
US 2 Principal Place of Business 2a Mailing Address 5e Tought 75 Acquired 5e Tought 75 Acquired 5e Tought 76 Acquired 76	Same providence of Statute Same providence of Same provid	SUITE 600	EL 22204:2592 W	FT. LAUDERDALE FL 33304-252	22			SPACE
2. Principal Place of Business 2a. Mailing Address 5. PRINCIPAT Applied Spanning April 1985 2a. Suite, Apt. #, etc. 5. Cortificate of Status Desired 58.75 Andold Spanning April 1987 5. Cortificate of Status Desired 58.00 And. Apt. #, etc. 5. Cortificate of Status Desired 58.00 And. Apt. #, etc. 5. Cortificate of Status Desired 58.00 And. Apt. #, etc. 5. Cortificate of Status Desired 58.00 And. Apt. #, etc. 5. Cortificate of Status Desired 58.00 And. Address of Current Registered Agent 5. Cortificate of Status Desired 5. Cortificate 5. C	File aco of Businesss 2a, Mailing Address 2b 59-1702927 Not Applied For Sp-1702927 Not Appl		FL 33304242				7	Į.
Principal Place of Business 2 2a. Mailing Address 359-1702927 South Apt. #. etc. So	Action Section Secti	00						Applied For
Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Suite. Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Suite.	State Sulte, Apt. #, etc. 2 Sulte, Apt. #, etc. 5 Certificated of Statuts Desired Fee Required F	2 Principal Pla	ce of Business	2a. Mailing Address			1	<u> </u>
Suite, Apt. #, etc. Suite, Apt. #, etc.	Such Apt. #, etc. Such Apt. #, etc. Such			26			59-1/0292/	
City & State City & Country City Country City Country City Country City	State 20 25 25 28 29 29 30 30 30 30 30 30 30 3		, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Ŧ = ·
City & State 28	Trust Fund Contribution	└			·	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Parties Singaping	\$5.00 May Be
Zip Country Zip Country Zip Country 2. Zip Zi	Section Sect		「	City & State	e, significan	To San April 10 Sec.	Trust Fund Contribution	Added to Fees
Zip	9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. SURE A S. M. III. 13. DATE 14. DATE 15. STreat Address (P.O. Box Number is Not Acceptable) 15. Streat Address (P.O. Box Number is Not Acceptable) 16. Streat Address (P.O. Box Number is Not Acceptable) 16. Streat Address (P.O. Box Number is Not Acceptable) 17. Streat Address (P.O. Box Number is Not Acceptable) 18. S	23	A 45		Country			tangible
Section Sect	9. Name and Address of Current Registered Agent SASORIA, S. M. M. S. M. M. S. M. M. S. M. M. S. M. M. S. M. M. S. M. M. S. M. M. S. M. M. S. M.		Country		- ·			X Yes □No
CASORIA, S. M. Allia CASORIA, S. M. Allia 1040 BAYVIEW DRIVE, SUITE 600 FT. LAUDERDALE Ft. 33304 84	SASORIA S. M.S. III. CASORIA S. M.S. M.S. M.S. M.S. M.S. M.S. M.S.	24	25		<u>'</u>		10 Name and Address of New Registered	Agent
CASORIA, S. M. III. 1040 BAYVIEW DRIVE. 1040 BAYVIEW DRIVE. 1040 BAYVIEW DRIVE. 1050 BAYV	ASORIA, S. M. III. 040 BAYVIEW DRIVE, SUITE 600 TT. LAUDERDALE FL 33304 84 City FL 85 Zip Code 85 Actiny FL 85 Zip Code 86 City FL 85 Zip Code 87 Actiny FL 85 Zip Code 88 Actiny FL 85 Zip Code 89 Actiny FL 85 Zip Code 89 Actiny FL 85 Zip Code 89 Actiny FL 85 Zip Code 80 Zip Code		9. Name and Address of Curren		81	Name	10.	
1040 BAYVIEW DRIVE, SUTIE 600 FT. LAUDERDALE FL 33304 84 City FL 8 Zip Code 131. 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 reg office or registered agent of 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, Type of private forms of registered agent and title if applicable. Find a street Address of Private Agent agent and the if applicable. Find a street Address of Private Agent agent and the interval of the purpose of changing its reg agent to the provisions to board of directors. I hereby accept the appointment as registered agent agent and the street agent agent and the corporation's board of directors. I hereby accept the appointment as registered agent	DAG BAYVEW DRIVE. SUITE 600 T. LAUDERDALE FL 33304 BA City FL BS ZIP code FL					1	i N. A. A. a. a. a. de No.	
FT. LAUDERDÄLE FE 33304 84 City FL 85 Zip Code 87 Lin Pursuant to the provisions 607 0502 and 607 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its original statutes. 87 Lin Pursuant to the provisions 607 0502 and 607 1508. Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as register of the composition of directors and the provisions of directors. I hereby accept the appointment as register agent. I am familiar with an accept the obligations of, Section 607 0505, Florida Statutes. 8 SIGNATURE 8 Signature, speed or printed registered agent and title if applicable. 9 Description of the purpose of changing its analysis and composition of the purpose of changing its angle of the printed statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. TITLE 15. TIT	B3	CASU	JHIA, S. MAULE		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
### City ####################################	BAB City FL 88 Zip Code	1040	BAYVIEW DRIVE, SUITE OU		83		1.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Grammana, a. man C
### City ### FL ### City ### FL ### City ### FL ### City ###	Use to the provisions of Sections 607,0502 and 607,1506. Florida Statutes, the applications of control of the provisions of Sections 607,0505. Florida Statutes, the applications of Section 607,0505. Florida Statutes, the applications of Applications of Section 607,0505. Florida Statutes, the applications of Applications of Section 607,0505. Florida Statutes, the applications of A	F1. L	AUDERDALE FE 33304		"			
SIGNATURE Signature, typed or printed name of registered agent and life if applicable. Signature, typed or printed name of registered agent and life if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE PD NAME CASORIA, S. M., III. SIRECT ADDRESS CITY-ST-ZP TITLE SD GOFF, CHARLES A. STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP DELETE STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP DELETE STREET ADDRESS CITY-ST-ZP Change Change TITLE NAME STREET ADDRESS CITY-ST-ZP Change Change Change Change Change Change	Change Delete Delete Addition Delete						FI	L·I l
SIGNATURE Signature, typed or printed name of registered agent and life if applicable. Signature, typed or printed name of registered agent and life if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE PD NAME CASORIA, S. M., III. SIRECT ADDRESS CITY-ST-ZP TITLE SD GOFF, CHARLES A. STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP DELETE STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP DELETE STREET ADDRESS CITY-ST-ZP Change Change TITLE NAME STREET ADDRESS CITY-ST-ZP Change Change Change Change Change Change	Change Delete Delete Addition Delete	1			the about	n named corn	oration submits this statement for the purpose of	of changing its registered
SIGNATURE Signature, typed or printed name of registered agent and life if applicable. Signature, typed or printed name of registered agent and life if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. TITLE PD NAME CASORIA, S. M., III. SIRECT ADDRESS CITY-ST-ZP TITLE SD GOFF, CHARLES A. STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP DELETE STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP DELETE STREET ADDRESS CITY-ST-ZP Change Change TITLE NAME STREET ADDRESS CITY-ST-ZP Change Change Change Change Change Change	Change Delete Delete Addition Delete	11. Pursuant t	o the provisions of Sections 607.050)2 and 607:1508, Florida Statutes of Florida. Such change was aut	, the abov	the corporation	on's board of directors. I hereby accept the app	ointment as registered
SIGNATURE Signature. Types or premate name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation). DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PD Change SAME STREET ADDRESS	NOTE Registered agent and fire if applicable. NOTE Registered Agent agent and refered agent and fire if applicable. NOTE Registered Agent agent and refered agent and fire if applicable. NOTE Registered Agent agen	office or re	n familiar with and accept the obliga	ations of, Section 607.0505, Florid	la Statutes	S.		
12.	OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.			_				
12.	PD	SIGNATURE	Signature, typed or printed name of registered age	and the man in the process		nt signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	CASORIA; S. M., III. 12 NAME 13 STREET ADDRESS 1040 BAYVIEW DR. #600 FT LAUDERDALE, FL 33304 DELETE 22 NAME 23 STREET ADDRESS 34 CITY-ST-ZIP DELETE 41 TITLE 4.2 NAME 4.3 STREET ADDRESS A4 CITY-ST-ZIP DELETE DELETE 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE DELETE 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE DELETE 1 TITLE 4.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 1 TITLE 4.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 1 TITLE 1 Change Addition Change Addition Change Addition Change Addition Change Addition	12.	37 11 1	ND DIRECTORS				☐ Change ☐ Addition
NAME STREET ADDRESS 1040 BAYVIEW DR. #600 13 STREET ADDRESS 11 CITY-ST-ZIP TITLE SD NAME GOFF, CHARLES A. STREET ADDRESS 1040 EAYVIEW DR., #600 12 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS STREET	CASORIA, S. M., III. ORESS 1040 BAYVIEW DR. #600 FT LAUDERDALE, FL 33304 DELETE GOFF, CHARLES A. 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP DELETE 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP DELETE 41 TITLE 4.2 NAME 4.3 STREET ADDRESS 44 CITY-ST-ZIP DELETE 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP DELETE 61 TITLE 62 NAME 63 STREET ADDRESS 54 CITY-ST-ZIP Change Addition	TITLE	12.1931		1			,
STREET ADDRESS CITY-ST-ZIP TITLE SD NAME GOFF, CHARLES A. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33304 TITLE ANAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS STREET	14 CITY-ST-ZIP	NAME						
CITY-ST-ZIP	SD Change Addition SD Change Addition SD Change Addition Change Chan	STREET ADDRESS						
NAME SUPPRISE SU	SU GOFF, CHARLES A. 1040 EAYVIEW DR., #600 FT. LAUDERDALE FL 33304 DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.1 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 5.1 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.3 STREET ADDRESS 5.4 CITY-ST-ZIP	CITY-ST-ZIP	FT LAUDERDALE, FL 33304	DELETE				Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADRESS STREET ADDRESS STRE	Change Addition	TITLE		Deterie				
STREET ADDRESS 1040 EAT VIEW DR., #800 DELETE 3.1 TITLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 4.1 TITLE DELETE 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP DELETE D	1040 EATVIEW ORL, #000	NAME	GOFF, CHARLES A.			i	•	ļ
DELETE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP DELETE DELET	DELETE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change Addition Change Addition Change Addition Addition Change Change Addition Change Chan	STREET ADDRESS	1040 EAYVIEW DR., #600	0.4		1	and the second second	
NAME	32 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change Addition DELETE 4.1 TITLE Change Addition A STREET ADDRESS 4.2 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE Change Addition S2 NAME S3 STREET ADDRESS S4 CITY-ST-ZIP Change Addition DELETE S1 TITLE Change Addition Change Change Addition Change Change Change Change Change Change	CITY-ST-ZIP	FT. LAUDERDALE FL 3333					Change Addition
NAME	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TITLE FAX	Control of the second	רו הברכוב	1	1	***	
STREET ADDRESS 34. CITY-ST-ZIP		1 100000					2 - 2 - 2 - 3 - 4 V + 3	化类 化二氯甲基酚 网络美国属
CITY-ST-ZIP	DRESS	STREET ADDRESS					Barrier Committee Co	العيم فقاتها بمراوي الأرادات
TITLE	A 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS	CITY-ST-ZiP	17/41	13 Delete				Change : Addition
NAME	DRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS	TITLE		☐ DECE 16				•
STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP DELETE TITLE Change	DRESS 44 CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS	NAME	124		•	i		
DELETE S1 TITLE Change	DELETE S.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS						·
TITLE	52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP DELETE 61 TITLE 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS	CITY-ST-ZIP_		Floriere				Change Addition
NAME 53 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP □ DELETE TITIE □ Change	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS	TITLE	F 42	□ nere i e		I	<u>.</u> ,	
STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change	5.4 CITY-ST-ZIP DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	NAME			ı	1	the second second	ংকুকু ,), ৰাৰজাকী দিলালু ।
CITY-ST-ZIP DELETE 6.1 TITLE Change	DELETE 6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS	STREET ADDRESS	,		J.3 31 RE			
TITLE	62 NAME 63 STREET ADDRESS		PI		S 4 CITY	ST. 7IP	_	
	6.3 STREET ADDRESS	CITY-ST-ZIP		El ociett				Change Addition
MANIC	nnpess			☐ DELETE	6.1 TITL			Change Addition
STEET ADDRESS	64CITY-ST-ZIP	TITLE		☐ DELETE	6.1 TITU 6.2 NAM	E E		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not chally 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 is 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:

1/5/99

(954) 564-4600