## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

Support   State   Support   State   Support   State   Support   State   Stat	DOCUN 1. Corporation		6 (0)							
Marrier   Social Function   Marrier Address of Current Registered Agent   Social Registered Ag	POLB	ro international, inc.				4 148181 84118 8141 8(811 4841 8841		T+1 &1611 6:61		1
SOBE   HILLMONLE BCH BLVD   SOBE   HILLMONLE FL 30009   HILLMONLE FL 3										
Special Resolution   Part	Principal Place of Business Mailing Address									•
US	SUITE 803 C/O C. POLLA			DLLACK						
2.   Maring Address   2a			US			· ·				
Support   State   Support   State   Support   State   Support   State   Stat	2. Principa! Pia	ce of Business	2a. Mailing Address			4. FEI Number				
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City & State    City   Country   City   City	_			Suite, Apr. #, etc.		5. Certificate of Status Desired	<b>▽</b>	,		
25			·····	City & State		6. Election Campaign Financing				1
1.   Pursuant in this provisions of Sections 607,0502 and 647,1508, Florida Stahland, the above named conjugation of the purpose of changing its registered Agent	23		28							
POLLACK, CHARLES 1980 S. OCEAN DR-12-Q  HALLANDALE FL 33009  11. Pursuant to this provisions of Sections 607 /00/2 and 607 1506. Florids Statutes, the ablace named corporation submiss this statement for this purpose of changing its registered different remains and accept the department and except the department and accept the department are registered agent. I am family matches the department are registered agent. I am family matches and accept the department are registered agent. I am family matches and accept the department are registered agent. I am family matches the department are registered agent. I am family matches and accept the department are registered agent. I am family matches and accept the department are registered agent. I am family matches and accept the department are registered agent. I am family matches and accept the department are registered agent. I am family matches are registered agent. I am family matches agent agent and accept the department are registered agent. I am family matches agent agent and accept the department are registered agent. I am family matches are registered agent. I am family matches are registered of decepts agent or appropriate the department are registered agent. I am family matches are registered agent. I am family matches are registered of decepts and accept and accept agent are registered of decepts. I am family matches are registered agent. I am family matches are registered of decepts and accept agent or accept agent or accept agent or accept agent or accept agent and accept agent are registered of decepts. I am family matches are registered of decepts and accept agent or accept agent are registered of decepts and accept agent or accept agent are registered of decepts and accept agent or accept agent are registered of decepts and accept agent or accept agent are registered agent. I am family matches accept agent are registered age		<u> </u>		<u></u>						
POLIACK, CHARLES   1980 S. OCEAN DR12-0	24		<u> </u>					gent		
The provisions of Sections 607-0502 and 607-1508 Florads Stabilities, the above named comporations submit this statement for the purpose of changing its registered office registered agent, or both in the State of Forads. Such change was author/red by the corporation's Learned returns it havely accept the appointment as registered agent. I am registered agent and accept the obligators of Section 607-0505. Thorats Stabilities, the above named comporation's Learned of directors it havely accept the appointment as registered agent. I am registered				81	Name		<u> </u>	· <b>-</b>		-
HALLANDALE FL 33009	POLLACK, CHARLES				Street Addres	ss (P.O. Box Number is Not Acceptable	e)			$\dashv$
HALLANDALE FL 33009	1980 S	S. OCEAN DR12-Q					·			_
TIL Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statuties, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. I am or registered agent, or both, in the Statut of Planuls is an except the displacations of, Section 607 0502, Florida Statuties, the above named corporation submits this statement for the purpose of changing the displacations of, Section 607 0502, Florida Statuties  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICER SAND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  URL OFFICER SAND DIRECTORS  14. CITY ST-2P  POLICE, CHARLES  STREET ADDRESS  CITY ST-2P  TILE  DELETE  14. CITY ST-2P  DELETE  23. STREET ADDRESS  CITY ST-2P  TILE  DELETE  4. TILE  DELETE  5. TILE  DELETE	1	11D11 F Ft 4000		83						
11. Pursuant to the provisions of Sections 607.0502 and 667.502 is above named corporation submits this statement for the purpose of changing its registered office or registered agent, to their in the State of Florida. Such thistory as a statement for the purpose of changing its registered agent. I am from the purpose of Florida. Section 607.0502, Florida Statutes.    Signature   Section 607.0502, Florida Statutes   Section 607.0502, Florida Statute	HALLANDALE FL 33009			84	City		FI	<b>85</b> Zip	Code	
SIGNATURE   Signature   State   Stat	11. Pursuant to	o the provisions of Sections 607.0502 an	id 607.1508, Florida Statut	es, the above	l named corporat	ion submits this statement for the purp	nose of chai	nging its re	gistered offic	e
12.	or registere familiar with	ed agent, or both, in the State of Florida. h, and accept the obligations of, Section	607.0505, Florida Statutes	ea by the corp s	oration's Liciard	of directors. Fineraby accept the appo	iniment as	egistered	agent, i ani	
12.	SIGNATURE _		4.0	المناسات ماسا			CATE			
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14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further	C:TY-ST-ZIP	and it, that the information and and a	h this filma in contrastanti - 6			the execution stated in Pastion 410	Ozravia Ela	ida Statut	ac further	_

certify that the information indicated on this armust 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, so on an attachment with an address.

SIGNATURE:

MILITE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 (LL) ab

954-457-8018 Daytonia Phone #