COF ANNU	PROFIT RPORATION JAL REPORT <b>1998</b>		Sandra B Secretar	RTMENT OF STATE <b>. Mortham</b> ry of State CORPORATIONS	Feb 03 19 Secretar		
<ol> <li>Corporation</li> </ol>	MENT # 5	64812 OMPANY	(6)			_	
Principal Place	at Posta and		ha llas falas a				
19145-COLLIN			Mailing Address				
MIAMI BEACT	TE 33160		MIAMI-BEACH PL 33160		DO NOT WRIT	E IN THIS SPACE	
					3. Date Incorporated or Qualified		
2. Principal P	ace of Business	· · · · · · · · · · · · · · · · · · ·	2a. Mailing Address		12/27/1977		oplied For
9999	Cacins AU	(_#3-E	26 9999 (au	MS AV, 43-E			ot Applicab
Suite, Apt.	#, etc.		Suife, Apt. #, etc.	•	5. Certificate of Status Desired		Additlonal equired
2 City & State			City & State		6. Election Campaign Financing		May Be
3 KALI	Countr		28 BAL MANS	an re	Trust Fund Contribution	Added 1	to Fees
<u>م</u> <sup>۲</sup> ۳ <u>3</u> 31	54 25 U.	\$A	29 JJ154	JOI USA	8. This corporation owes or has p Personal Property Tax due Jun		langible No
	9. Name and Addre	ess of Current F	legistered Agent	81 Name	10. Name and Address of New H	egistered Agent	
	rkas, victor 19 collins avenue	- <u>#</u> 3F					
	L HARBOUR 33154	-, TOL		82 Street Add	dress (P.O. Box Number is Not Accepte	ible)	
				83			
11. Pursuant l office or ri agent. I a	to the provisions of See agistered agent, or ooth m familiar with, and acc	tions 607.0502 a	Ind 607, 1508, Florida Statut Florida, Such shange sas a nis of, Section 607, 505, Flo	84 City	poration submits this statement for the ation's board of directors. I hereby accurate	FL 👘	Code ts registere registered
SIGNATURE	Signaturo typeo barried name	tions 607.0502 a hor the State of April 14 - Dollard a dregistering for FFICERS AND p	nd 16 if applicable. (NOTE	84 City 15, the above-named cor uthorized by the corpora rida Statutes. Registered Agent signature requi- 13.	poration submits this statement for the ation's board of directors. I hereby accu ited when reinstating) ADDITIONS/CHANGES TO OFF	FL purpose of changing it app the appointment as I/2-7/ DATE CERS AND DIRECTOR	ts registered
SIGNATURE	Signature. typed to chiled name	a of Hugistered agent a	nd ind if applicable. (NOTE	84 City 5, the above-named cor uthorized by the corpora rida Statutes.	itred when reinstaling)	FL purpose of changing it ept the appointment as II2.7/ DATE	ts registere registered
SIGNATURE	PSD FARKAS, VICTOR 9999 COLLINS AV	PFICERS AND P	nd 16 if applicable. (NOTE	84 City 85, the above-named cor- uthorized by the corpora- rida Statutes. Registered Agent signature requi- 13. 1.1 ITLE	itred when reinstaling)	FL purpose of changing it app the appointment as I/2-7/ DATE CERS AND DIRECTOR	ts registered
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