COF ANNU	PROFIT PORATION JAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		am Ə	Jan 16 1998 8:00am Secretary of State		L
	1998 MENT # 57518	<u>3</u> 22	(6)	F CORPOR	411ONS		y of State	
	Name UNC	55	(0)					
-								
Principal Place of Business Mailing Address 2201 LINCOLN 2201 LINCOLN MIAMI FL 33133 MIAMI FL 33133								
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		<u></u>
z. Principal Pl	ace of Business	2a. N	lailing Address			4. FEI Number	Applied Fe	<u>a: ::</u> -
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			<u> </u>	59-1834725	Not Applic	
2) City & State		27	ity & State			5. Certificate of Status Desired	Fee Required	
3		28	· · · · · · · · · · · · · · · · · · ·			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip 4	25 Country	29 29	ip	30	ntry	 This corporation owes or has pa Personal Property Tax due June 	e 30. 🗹 Yes 🔲 No	
Pil	9, Name and Address of Cur M. GORDON H	rent Register	ed Agent		81 Name	10. Name and Address of New Re	egistered Agent	<u>ret.</u>)
220	1 LINCOLN AVE				82 Street Add	iress (P.O. Box Number is Not Acceptal	ble)	
MIA 331	MI, FL 33				83			<u></u>
	00				1			
					84 City		85 Zip Code	
1. Pursuant t	o the provisions of Sections 607.0	502 and 607.	1508, Florida Stat	tutes, the at		poration submits this statement for the	FL / /	ered
11. Pursuant t office or re agent. I an	o the provisions of Sections 607.0 gistered agent, or both, in the St n familiar with, and accept the ob	0502 and 607. ate of Florida. Iligations of, S	1508, Florida Sta Such change wa ection 607.0505,	tutes, the at s authorized Florida Stat		poration submits this statement for the ation's board of directors. I hereby acce	FL / /	ered
SIGNATURE	o the provisions of Sections 607.0 gistered agent, or both, in the St n familiar with, and accept the ob Signature, speed or printed name of registered				ove-named cor by the corpora ites.	poration submits this statement for the statement south of directors. I hereby acce	FL / /	ered
SIGNATURE	Signature, typed or printed name of registered OFFICERS /		DRS	OTE: Registered	ove-named cor by the corpora lites. Agent signature requ		PL purpose of changing its register of the appointment as register DATE CERS AND DIRECTORS IN 12	
	Signature, typed or printed name of registered	agent and title if ap	oplicable. (N	OTE: Registered	ove-named cor I by the corpora Ites. Agent signature requ	ired when reinstating)	PL purpose of changing its register pt the appointment as register	
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