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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED										
Apr 24 1998 8:00an	n									
Secretary of State										

1. Corporatio	on Name	# 5/642	28	(7)					A TOBIOL BINA MOUNT BINA BANK HARATE	ı 2001: 2001: Alaii I.		1 01
Principal Plac	e of Business	5	,	Mailing Address						i minii filii filii a		.,
5625 N.W. 7TH AVE. 5625 N.W. 7TH AVE.								İ				
MIAMI FL 3	33127			MIAMI FL 33127					DO NOT WRITE IN	J THIS SPACE		
									3. Date Incorporated or Qualified			
									06/21/1978			
2. Principal P	lace of Busin	ess	21	Mailing Address					4. FEt Number		Applied For	,
21			26						59-2062248		Not Applica	able
Suite, Apt	₩, etc.			Suite, Apl. #, etc.	Apl. #, etc.				1 .		75 Additiona	1
22			27							Fe	e Required	
City & Stat	le			City & State					6. Election Campaign Financing		00 May Be	
Zip		Country	28	Zip	Col	untry	,				ded to Fees	\dashv
24	į.	25	29	1 ·	30	J. I., y			 This corporation owes or has paid Personal Property Tax due June 30 		Ir iritangible	
24		and Address of Curre		<u> </u>	1301	Τ			10. Name and Address of New Regis		<u> </u>	
T	AYLOR, WIL	LIE				81	Name					
	625 N.W. 7					82	Street	Addres	ss (P.O. Box Number is Not Acceptable	1		
M	MAMI FL 33	127							out (* i.e. Box Maribol to Hot / icoopiasso			
l						83						
						84	City			 85	Zip Code	
11. Pursuant office or r	to the provisi registered agi	ons of Sections 607.050 ent. or both, in the State	J2 and Folflor	607.1508, Florida Statut rida: Such change was a	os, the e authorize	ibove id by	e-named / the corp	corpo poratio	ration submits this statement for the pur in's board of directors. I hereby accept t	pose of changi the appointmer	ng its register It as registere	red i
agent La	ami familiar wit	th, and accept the oblig	ations	of, Section 607.0505, Fk	orida Sta	tutos	s. ·		- '	•	•	
SIGNATURE	Character branch	or printed name of registered ag		to dament able (MOY)	Dogistore	d Ana	nd report re	encuriend	I when reinstating)	DATE		
12.	Signature, typict	OFFICERS AN			13.	a Age	and sognizations	required	ADDITIONS/CHANGES TO OFFICE		TORS IN 12	
TITLE	PD			DELETE	1.1 T	ITLE				Cha		tion
NAME	TAYLO	r, willie			1.2 N	AME						
STREET ADDRESS	5625 N	I.W. 7TH AVE.			1.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	MAIMI,I	FL 00000			1.4 C	ITY-S	1-21P					1
TITLE	D			DELETE	211	TLE			· · · · · · · · · · · · · · · · · · ·	☐ Chai	nge 🔲 Addi	tion
NAME	MOORE	•			2.2 N	AME	l	[- [
STREET ADDRESS		I.E. 142ND ST.#7A			2.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	MAMI	<u>FL</u>		T beleve	_		ST-ZIP			[] 0:		
TITLE	D Lorrie	LADOV		☐ DELETE	3110		İ			☐ Char	ige 🔲 Addi	1101)
NAME CYDEST ADDOSES		, Larry Sw 93rd Court			3.2 N		1000500					}
STREET ADDRESS CITY-ST-ZIP	MIAMI						ADDRESS					
TITLE				DELETE	3.4. U		T-ZIP			Char	ige Addi	tion
NAME					4.21							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP					8	ITY-S						
TITLE				☐ DELETE	5 1 TI					☐ Char	ge Addi	tion
NAME					5.2 N	AME						1
STREET ADDRESS					53S	TAEET	ADDRESS					
CITY-ST-ZIP					5.4 C	ITY - ST	T-ZIP					
TITLE				☐ DELETE	611	TLE				Char	ge 🔲 Addi	lion]
NAME					6.2 N	AME						
STREET ADDRESS					6.3 S	TREET	ADDRESS					
CITY-ST-ZIP	L				64 C	IY-S	T-ZIP					

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.

SIGNATURE: