## 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 # 601391

(6)

PATRICIA E. KAHN, P.A.

BUTTE

FILED
May 08 1998 8:00am
Secretary of State

Mailing Address	
3326 MARY STREET Suite 202 Miami Fl. 33133	DO NOT WRITE IN THIS SPACE
	3326 MARY STREET

" <b>US</b>				3. Date Incorporated or Qualified				
2. 21	Principal Place of Business	2a. Mailing Address			09/12/1969 4. FEI Number	Applied For		
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	26		I B Centificate of Status Desired I I	\$8.75 Additional Fee Required		
22		City & State	<del>}</del>			5.00 May Be added to Fees		
24	Zip Country 25	Zip <b>29</b>	30	intry	This corporation owes or has paid the current y     Personal Property Tax due June 30.     X     Yes			
g, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
	KAHN, PATRICIA E. 3328 MARY STREET USITE 202 MIAMI FL 33133				reet Address (P.O. Box Number is Not Acceptable)			

84 City FL 85 Zip Code

11. 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 registered office or registered agent, or 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, and accept the obligations of Section 607.0505. Florida Statutes

11. 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 registered office or registered agent, or 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, typed or printed name of registered agent and title if a spiciable (NOTE: Registered Agent signature required when reinstating)  DATE									
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/C	HANGES TO OFFICERS AN	ID DIRECTOR	S IN 12		
TITLE	P	DELETE	1.1 TITLE			Change	Addition		
HAME	KAHN, PATRICIA E.		1.2 NAME						
STREET ADDRESS	3326 MARY STREET, SUITE 202		1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP						
TITLE		DELETE	2.1 TITLE			Change	Addition		
NAME			2.2 NAME				ĺ		
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-ZIP			2 4 CITY-ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition		
. NAME.			3.2 NAME				j		
STREET ADDRESS			3.3 STREET ADDRESS						
CATY-ST-ZIP			3.4. CITY - ST - ZIP						
TITLE		DELETE	4.1 TITLE			Change	☐ Addition		
NAME			4. 2 NAME				ĺ		
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		DELETE	5.1 TITLE			☐ Change	Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-SI-ZIP			5.4 CITY-ST-ZIP	·					
TITLE		☐ DELETE	6.1 TITLE			Change	Addition		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						

14. 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

Patricia E. K

4122198

(305)444.5552