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

**FILED** May 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 POCUMENT # 654966 (1)1111 N. W. 159TH DRIVE CORPORATION Mailing Address Principal Place of Business 1111 N.W. 159TH DRIVE 1111 N.W. 159TH DRIVE MIAMI FL 33169 MIAMI FL 33169 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/05/1980 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 26 59-0719077 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OXENBERG, BERNARD 1111 N.W. 159TH DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33169** 83 City 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Bignature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agen) signature required when re-netating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETÉ 1.1 TITLE Change Addition TITLE OXENBERG, BERNARD NAME 12 NAME 1111 N.W. 159TH DR. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE OXENBERG, HARVEY NAME 2.2 NAME 1111 N.W. 159TH DR. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE OXENBERG, JERRY NAME 3.2 NAME 1111 N.W. 159TH DR. STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change \_\_\_ Addition 4.1 TITLE TITLE OXENBERG, BEATRICE NAME 4 2 NAME 1111 N.W. 159TH DR. STREET ADDRESS 4.3 STREET ADDRESS MIAM! FL CITY-ST-ZIP 4.4 CATY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE

6.4 CITY-ST-ZIP 14. 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 of truspe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 an attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

OXENBERG, LINDA

MIAMI FL

1111 N.W. 159TH DR.

DAFKISCHON

4/22/98 305-125-51/2

Change

Addition