15875

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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

City & State

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

City & State

28

Principal Place of Business	Mailing Address 1725 S. BAYSHORE DR. MIAMI FL 33133			
1725 S. BAYSHORE DR. MIAMI FL 33133				

Country

Feb 12 1998 8:00am Secretary of State



Fee Required

\$5.00 May Be

Added to Fees

5. Certificate of Status Desired

8. Election Campaign Financing

Trust Fund Contribution

Zip ]	Country 25	Z(p <b>29</b>	30 Co	untry		8. This corporation ower Personal Property Ta:		rent ye Yes		itangible D No	_
9. Name and Address of Current Registered Agent					10, Name and Address of New Registered Agent						-
	IARD F SILVER P.A.			81	Name						
1725 S. BAYSHORE DR. MIAMI FL 33133				82	2 Street Address (P.O. Box Number is Not Acceptable)						_
				83							-
				84	City		FL	85	Zip	Code	_

Country

11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08. 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. La	m familiar with, and accept the obligations of, Section 60	7.0505, Floric	da Statutes.	and a state of surestand. I fill only addopt the a	,ppo;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	rogistered
SIGNATURE	Signature, typed or printed cause of regestered agent and little if applicable	(NOTE R	logisland Agent parature	required when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ND DIRECTOR	RS IN 12	
TITLE	DPS 🗆	DELETE	1.1 TITLE	TRESTOWN	Change	Addition
NAME	SILVER, BERNARD F		1.2 NAME	77.57		
STREET ADDRESS	1725 S. BAYSHORE DR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY - ST - ZIP			1
TITLE		DELETE	21 TITLE		Change	Addition
NAME	<i>t</i>		22 NAME			
STREET ADDRESS			23 STREET ADDRESS			1
CATY-ST-ZIP			2 4 CITY+ST-ZIP	-		i
TITLE		DELETE	3.1 THTLE		Change	☐ Addition
NAME			3.2 NAME			1
STREET ADDRESS			3.3 STREET ADDRESS			1
CITY-ST-ZIP			3.4. CITY - \$T - ZIP			
TITLE		DELE1E	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			i
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-ST-ZIP			5.4 CITY - ST - ZIP			. !
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADORESS			63 STREET ADDRESS			
						I

64 CITY - ST - ZIP 14. Thereby 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 eath; 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 13 if chapter 607 or on an altertunent with an address.

Pres Bernard F. Silver

305) 000.2268