## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation Name

F35031 DOCUMENT #

(6)

| MULTICO ENTERPHISES, INC.  |  |                                    |   |   |                 |                               |
|--|--|------------------------------------|---|---|-----------------|-------------------------------|
| Principal Place of Business Mailing Address  W. TERRENCE A. SCHULTZ  ONE SE THIRD AVENUE. SUITE 1500  MIAMI FL 33131  MIAMI FL 33131  MIAMI FL 33131  MIAMI FL 33131 |  | % TERRENCE A. S<br>ONE SE THIRD AV |   |   |                 |                               |
|  |  |                                    | <ol> <li>Date Incorporated or Qualified<br/>05/07/1981</li> </ol>   | 3a. Date of Last R<br>04/26/19  |                 |                               |
| 2. Principal Paa<br>21   | ne of Business   | 2a. Mailing Address<br>26          |   | 4. FEI Number 59-2093131  | <b>├-</b>       | Applied For<br>Not Applicable |
| Suite Apt. #   | , etc.   | Suite, Apt #, etc.                 |   | 5. Certificate of Status Desired  | 1 1             | Additional<br>Required        |
| City & State   |  | City & State                       |   | Election Campaign Financing     Trust Fund Contribution   |                 | May Be                        |
| Ζ <sub>(</sub> ρ)  |  |                                    | Country<br>30   | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No |                 |                               |
| 1  | 9. Name and Address of Curre   | nt Registered Agent                |   | 10. Name and Address of New R   | egistered Agent |                               |
|  |  |                                    | 81 Name   |   |                 | ļ                             |
| SCHULTZ, TERRENCE A. ONE SE THIRD STREET,  |  |                                    | 82 Street Ac  | ddress (P.O. Box Number is Not Acceptable   | le)             |                               |
| SUITE 1  |  |                                    | 83  |   |                 |                               |
| MIAMI F  | £ 33131  |                                    | 84 City   |   | Jee 7           | ıp Çode                       |
|  |  |                                    | 64 City   |   | FL  85   Z      | to Code                       |
| famitar with<br>SIGNATURE  | o agent, or bour, in the State of mor<br>n, and accept the obligations of, Sec<br>ages, typed or printed remainding steed ages | tion 607.0505, Florida Statut      | es.  NOTE: Registered Agent signature requ  |   | DATE            |                               |
| 12.  | OFFICERS AN  | ND DIRECTORS                       | 13.   | ADDITIONS/CHANGES TO OFFI   |                 | ORS IN 12                     |
| 1011.6   | P DEBUTE OF A PROPERTY   | DELETE                             | 1 1 TiTLE   | •   | ☐ Change        | ORS IN 12 Addition            |
| NAM:   | PINKUS, STANLEY  | ,                                  | 1 2 NAME  |   |                 |                               |
| STREET ADDRESS   | 900 ST.CHARLES PL. #309  | 33076                              | 1.3 STREET ADDRESS  |   |                 |                               |
| CHY-SI-ZiP   | PEMBROKE PINES FL  |                                    | 1.4 CiTY+ST+ZiP   |   |                 | l i                           |
| 1111   |  | [] DELET <del>e</del>              | 2 1 TITLE   |   | [7] Change      | ["] Addition                  |
| NAME   |  |                                    | 20 14145  |   | Change          | Addition                      |
| CT // LADSOCKS   |  |                                    | 22 NAME   |   | ☐ Change        | Addition                      |
| STREET ADDRESS   |  |                                    | 2 3 STREET ADDRESS  |   | Change          | Addition                      |
| CH-SI-7r   |  | [] DELETE                          |   |   | ☐ Change        | Addition Addition             |
|  |  | DELETE                             | 2 3 STREET ADDRESS<br>2 4 City - St - Zip   |   |                 |                               |
| tetr-St-Zig<br>Tiftef  |  | DELETE                             | 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TILLE  |   |                 |                               |
| THUE<br>NAME   |  | ☐ DELETE                           | 2 3 STREFT ADDRESS<br>2 4 CITY - ST - ZIP<br>3 1 TITLE<br>3 2 NAME  |   |                 |                               |
| DOLY - STE 7 P<br>DOLE<br>NAME<br>STREET ADDRESS   |  | DELETE                             | 2 3 STREFT ADDRESS 24 CITY-ST-ZIP 3 1 TILLE 3 2 NAME 3 3 STREET ADDRESS   |   |                 |                               |
| Data State THEE NAME STREET ADDRESS GDV: STATE   |  |                                    | 2 3 STREFT ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP  |   | ☐ Change        | Addition                      |
| DOTY STORY  THEE  NAME  STREET ADDRESS  CONVESTORE  THEE   |  |                                    | 2 3 STREFT ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4. 1 TITLE   |   | ☐ Change        | Addition                      |
| CHY-ST-7P<br>TRUE<br>NAME<br>STATE ADDRESS<br>CCY-ST-7P<br>TRUE<br>NAME  |  | ☐ DEFETE                           | 2 3 STREFT ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4. 1 TITLE 4 2 NAME  |   | ☐ Change        | Addition Addition             |
| CHY-ST-7P TRUE NAME SIME* ADDRESS CHY-ST-7P TRUE NAME SIME* ADDRESS SIME ADDRESS   |  |                                    | 2 3 STREFT ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4. 1 TITLE 4 2 NAME 4.3 STREET ADDRESS   |   | ☐ Change        | Addition                      |
| CHY-SI-7P THEF NAME SIME ADDRESS CHY-SI-7P THEF NAME SIMELADDRESS CHY-SI-7P  |  | ☐ DEFETE                           | 2 3 STREFT ADDRESS 2 4 CITY - ST - ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP 4. 1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP   |   | ☐ Change        | Addition Addition             |
| CHY-ST-7P TRUE NAME SINF ADDRESS CHY-ST-7P THUE NAME SIRSH ADDRESS CHY-ST-7P TRUE TRUE   |  | ☐ DEFETE                           | 2 3 STREFT ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE  |   | ☐ Change        | Addition Addition             |
| CHY-ST-7P TRUE NAME SIBHET ADDRESS GDESSE-7P TRUE NAME SIBHET ADDRESS CHY-ST-7P TRUE NAME SIBHET ADDRESS CHY-ST-7P   |  | ☐ DETELE                           | 2 3 STREFT ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP                    |   | Change          | Addition  Addition            |
| CHY-ST-7P TRUE NAME SIGH CACORES- CON-ST-7P TRUE NAME SIGH ARCHESS COTY-ST-7P TRUE NAME SIRGH ARCHESS CITY-ST-7P TRUE TAME SIRGH ARCHESS CITY-ST-7P TRUE             |  | ☐ DEFETE                           | 2 3 STREFT ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE          |   | ☐ Change        | Addition  Addition            |
| CHY-ST-7P TRUE NAME SIGH CACRESS CON-ST-7P TRUE NAME SIGH ARCHESS COY-ST-7P TRUE NAME SIRREL ARCHESS CITY-ST-7P TRUE NAME SIRREL ARCHESS CITY-ST-7P TRUE NAME NEME   |  | ☐ DETELE                           | 2 3 STREFT ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME |   | Change          | Addition  Addition            |
| CHY-ST-7P TRUE NAME SIGH CACORES- CON-ST-7P TRUE NAME SIGH ARCHESS COTY-ST-7P TRUE NAME SIRGH ARCHESS CITY-ST-7P TRUE TAME SIRGH ARCHESS CITY-ST-7P TRUE             |  | ☐ DETELE                           | 2 3 STREFT ADDRESS 2 4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP 6 1 TITLE          |   | Change          | Addition  Addition            |

14. Loo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Brock 12 or Block 13 if changed; or or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayling Prove # Feb 18/96