

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

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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY -1 PM 4: 09

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DOCUMENT # F43652 (9)

1. Corporation Name
2316 CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2316 S.W. 57TH AVENUE MIAMI FL 33155 US

Mailing Address
C.O. ATTORNEY R. ROSSI 1700 E. LAS OLAS BLVD., PENTHOUSE III FT. LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/31/1981

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2117721		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		33432		USA	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INTERNATIONAL ESCROW AGENTS, INC. 1700 E. LAS OLAS BLVD PENTHOUSE III FT. LAUDERDALE FL 33301				81 Name INTERNATIONAL ESCROW AGENTS, INC			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				555 S. Federal Hwy.			
				83 Suite 200			
				84 City			
				BOCA RATON FL 85 33432			

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 607.0502, Florida Statutes.

SIGNATURE *Linda Garfinkel* **4/29/98**
Signature, typed or printed name of registered agent and filed applicant (NEED Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARFINKEL, LINDA	1.2 NAME	
STREET ADDRESS	2316 S.W. 57TH AVENUE	1.3 STREET ADDRESS	200002508202--3
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEUTHAN, GERALD	2.2 NAME	
STREET ADDRESS	2316 S.W. 57TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(c), 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 *Linda Garfinkel* **4-30-98**

CR2E034 (10/97)

2



ACCOUNT NO. : 072100000032

REFERENCE : 803697 7152554

AUTHORIZATION : Patricia Pignato

COST LIMIT : \$ 150.000

ORDER DATE : May 1, 1998

ORDER TIME : 12:11 PM

ORDER NO. : 803697-030

CUSTOMER NO: 7152554

CUSTOMER: Ms. Linda Garfinkel
L G Management Service, Inc.
14761 S.w. 74th Lane

Miami, FL 33158

ANNUAL REPORT FILING

NAME: 2316 CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

EXAMINER'S INITIALS: _____

RECEIVED
98 MAY -1 PM 1:56
DIVISION OF CORPORATION