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

1	MENT # F9500	0003583 (0)	•			
Principal Plac	e of Business	Mailing Address				#1 10100 1111 1011
404 WASHINGTON AVE. #680 MIAMI BEACH FL 33139		404 WASHINGTON AVE #690 MIAMI BEACH FL 33139			DO NOT WRITE IN THIS SPACE	
					Date Incorporated or Qualified	
9 Principal P	lace of Business	2a. Mailing Address			07/25/1995 4. FEI Number	Applied For
21	or Basings	26			13-3713549	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5 Additional
22		27			5. Certificate of Status Desired Fee	Required
City & Stato		City & State				00 May Be
Zip	Country	7 _I p	Country		Trust Fund Contribution LJ Add 8. This corporation owes or has paid the current year	led to Fees
24	25	29	30		Personal Property Tax due June 30.	i intangibie □ No
	Name and Address of Current				10. Name and Address of New Registered Agent	
GE	rson, Philip M		B1	Name		
100		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
MI	AMI FL 33131-4324		83			
			[84]	City	FL 85 7	Zip Code
office or r agent. I a SIGNATURE	egistered agent, or both, in the State manifer with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statutes	,	rporation submits this statement for the purpose of changin ation's board of directors. I hereby accept the appointment uried when reinstaling) DATE	as registered
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE NAME	MCKENZIE, LUTHER	☐ DELETE	1.1 TITLE	}	☐ Chan	ige L Addition
STREET ADDRESS 404 WASHINGTON AVE., #6		1.2 NAME 1.3 STHEET ADDRESS		2239004		
CITY-ST-ZIP	MIAMI BEACH FL 33139	00	1.4 CITY - S			
TITLE	DC	DELETE	2.1 1ITLE		Chan	ge Addition
NAME	* 15-1-1, **********************************		22 NAME	ĺ		
STREET ADDRESS 404 WASHINGTON AVE., #680		80	2.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139	☐ DELETE	2. 4 CITY - S 3.1 TITLE	1-ZIP	I Chan	an I dans -
TITLE NAME		U Dittit	3.1 311LE 3.2 NAME		C cuani	ge L. Addition
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.5 STREET			
TIFLE		DELETE	41 THE	1	☐ Chan	ge Addition
NAME			4 2 NAME	1		
STREET ADDRESS			4.3 STREET.	ADDRESS		
CITY-ST-ZIP		T ou six	4.4 CITY - ST	- ZIP	T Disc	
TITLE		☐ DELETE	5.1 TITLE		Chan	ge L Addition
NAME Street address			5.2 NAME 5.3 STREET	ADDRESS		35
CITY-ST-ZIP	-		5.4 CITY - SI			7.9
TITLE	-	☐ DELETE	6.1 TITLE	E11	☐ Chan	ge Addition
NAME			6.2 NAME	ļ	50000258763 6°° -07/14/9801005033	
STREET ADDRESS			6.3 STREET.	ADDRESS	***150.00	
					赤木を1つけ。∪∪	

14. Thereby certify that the information supplied with the 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 of the corporation or the report is true and accurate a final man any signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the report is true 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 an approximent with an address.

6.4 CITY - \$1 - ZIP

CITY-ST-ZIP

4120198

FILED

Jul 09 1998 8:00am

Secretary of State