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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF CONTROL OF CONTR

 Corporatio 	n Name		(,)		Į.	
BALAIF	I-CTA LEISURE LDT. COM	MPANY				
						NE ENGE ENER ENER EN E
			· · · · · · · · · · · · · · · · · · ·	·		
,		Mailing Address				
9301 NE 6TH AVE. STE C-305 Miami Fl 33138		9301 NE 6TH AVE. STE C-305 MIAMI FL 33138				
		MINMI 12 00100			DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
		7-2			12/16/1997	7
 		2a. Mailing Addre	Mailing Address		4. FEI Number 1770/68	Applied For
Suite, Apt. #, etc.		26 Suite, Apt. #. 6	Suite, Apt. #, etc.		1-10011100	Not Applicable \$8.75 Additional
22		fn	27		5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	├ ─¬	intry	8. This corporation owes or has paid the cu	
24	25 9. Name and Address of Cur	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
DO.		Jelit Hoğistoları Ağalıt		81 Name	10. Raine and Address of New Registerou	Ryon
BOLL, ERIKA 9301 NE 6TH AVE., STE C-305 MIAMI FL 33138						
				82 Street Address (P.O. Box Number is Not Acceptable)		
				83		
				84 City		R5 Zip Code
_					FL	
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida	Statutes, the al	pove-named corp	coration submits this statement for the purpose of tion's board of directors. I hereby accept the ap	of changing its registered
agent la	m familiar with, and accept the ob	oligations of Section 607.0	505, Florida Stat	utes.	tions board or directors. Thereby accept the app	DOUBLING ST 19812190
SIGNATURE						
12.	Signature, typied or printed name of registered OFFICERS	AND DIRECTORS	(NOTE: Fløgislared	d Agent signature requir	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PCD	☐ DEL		TLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME	HELSING, STEFAN		1.2 N/	NME		-
D11 T THE PROPERTY OF THE PARTY			1.3 \$1	REET ADDRESS		
CITY-ST-ZIP	Zurich, Switzerland		1.4 CI	TY-ST-ZIP		
TITLE	V	☐ DEL	ETE 21 TI	rle .		Change Addition
NAME	VITO, ENZO		2.2 N/	NME .		
			REET ADDRESS		i	
CITY-ST-ZIP	ZURICH, SWITZERLAND			ITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DEU				Change Addition
NAME			3.2 NA	··· -		\
STREET ADDRESS				REET ADORESS		
CITY-ST-ZIP TITLE		DEL		ITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		L., 000	4. 2 N			
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		ļ
TITLE		☐ D£L				Change Addition
NAME			5.2 NA	IME		
STREET ADDRESS				REET ADDRESS		}
CITY-ST-ZIP			5.4 C6	TY-ST-ZIP		

64 CITY-ST-ZIP

14. 1 hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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.

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

DELETE

SIGNATURE:

NAME

STREET ADDRESS

Feb. 13/98

Addition

FILED

Mar 09 1998 8:00am

Secretary of State