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Feb 10, 1999 8:00am

Secretary of State

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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1999	DIVISION	OF CORPOR	RATIONS	Secretary of	State	
DOCUMENT # G00610					02-10-1999 90063 010 ****158.75		
1, Corporation	on Name # G006	510					
1. Corporation	N OF MIAMI INC.						
DAIN DI	IA OL IAIIVIAII IIAO:				1 1401111 6811 68111 48115 61151 11811 8811		*****
Principal Plac	ce of Business	Mailing Address				IDII OSOIS OSOII BIBIL ?	
212 NE 212 TERR 212 TERR						•	
NORTH MIAMI FL 33179 NORTH MIAMI FL 33179			9		,		
US		US			DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed		
2. Principal F	Place of Business	2a. Mailing Address			09/15/1982 4. FEI Number		plied For
21		26			NOT APPLICABLE	<u> </u>	ot Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				\$8.75	
22		27			5. Certifcate of Status Desired	· Fee Re	
City & State		·	City & State		6. Election Campaign Financing	\$5.00	May Be
23 Zin	Country	28			Trust Fund Contribution	-	to Fees
Zip				ntry	8. This corporation owes the current year		
24 25 29 29 9. Name and Address of Current Registered Agent			30		Personal Property Tax. 10. Name and Address of New Registe	☐ Yes	□No
				81 Name	to: Maria Ma	ou Agent	
	DLO, ISMAEL			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	NE 212 TERR.	•		02 Street Add	riess (F.O. Box Number is Not Acceptable)	ا د مورد بید بورد د	*
NORTH MIAMI BEACH FL 33179				83			
				84 City		212 85 Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the al				,		=L ' '	
· onice or i	registered agent, or both, in the t	State of Fiorida. Such change wa	is authorized	by the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	a of changing its pointment as re-	registered aistered
agent. i a	am tamiliar with, and accept the o	obligations of, Section 607.0505,	Florida Statu	ites.			
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable. (N	OTE: Registered	Agent signature require	ed when reinstating) DATE		
12.	OFFICER	RS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PD	☐ DELETE	1.1 TIT	LE .	21 A 1 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change	☐ Addition
NAME	SZYDLO, ISMAEL		1.2 NA	ME			
STREET ADDRESS							
CITY-ST-ZIP	N MIAMI BEACH FL		1.3 ST	REET ADDRESS			
TITLE NAME			1.4 CiT	Y-ST-ZIP			
STREET ADDRESS	SD SZVDLO SUSANA	☐ DELETE	1.4 CIT 2.1 TIT	Y-ST-ZIP		☐ Change	☐ Addition
	SZYDLO, SUSANA	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NAI	Y-ST-ZIP LE ME		. Change	☐ Addition
	SZYDLO, SUSANA 212 NE 212 TERR	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 STF	Y-ST-ZIP LE ME REET ADDRESS		☐ Change	☐ Addition
CITY-ST-ZIP	SZYDLO, SUSANA	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 STF	Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP			
CITY-ST-ZIP	SZYDLO, SUSANA 212 NE 212 TERR		1.4 CIT 2.1 TIT 2.2 NAI 2.3 STT 2.4 CIT	Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE		☐ Change	☐ Addition
CITY-ST-ZIP	SZYDLO, SUSANA 212 NE 212 TERR		1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI 2.4 CIT 3.1 TITI 3.2 NAI	Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE			
CITY-ST-ZIP TITLE NAME	SZYDLO, SUSANA 212 NE 212 TERR	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STI	Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME		☐ Change	☐ Addition
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CITY-ST-ZIP TITLE ' NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SZYDLO, SUSANA 212 NE 212 TERR N MIAMI BEACH FL	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI 3.1 TIT 3.2 NAI 3.3 STI 3.4 CIT 4.1 TITI 4.2 NAI	Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME ME ME ME ME ME ME ME ME		☐ Change	☐ Addition
CITY-ST-ZIP TITLE ' NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SZYDLO, SUSANA 212 NE 212 TERR N MIAMI BEACH FL	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NAI 2.3 STT 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STT 4.1 TITI 4.2 NAI 4.3 STF	Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS		☐ Change	☐ Addition
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CITY-ST-ZIP TITLE ' NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SZYDLO, SUSANA 212 NE 212 TERR N MIAMI BEACH FL	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NAI 2.3 STT 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STT 4.1 TITI 4.2 NAI 4.3 STF	Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SZYDLO, SUSANA 212 NE 212 TERR N MIAMI BEACH FL	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 3.4 CIT 4.2 NAI 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAI 6.2 NA	Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP		Change	☐ Addition
CITY-ST-ZIP TITLE ' NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SZYDLO, SUSANA 212 NE 212 TERR N MIAMI BEACH FL	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAI 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAI 5.3 STF	Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME ME REET ADDRESS Y-ST-ZIP LE ME		Change	☐ Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SZYDLO, SUSANA 212 NE 212 TERR N MIAMI BEACH FL	DELETE .	1.4 CIT 2.1 TIT 2.2 NAI 2.3 STF 4.4 CIT 5.2 NAI 5.3 STF 5.4 CIT 5.4 CIT 5.4 CIT 5.4 CIT 5.4 CIT 5.5 CIT 5.4 CIT 5.5 CIT 5.4 CI	Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	· · · · ·	Change Change	Addition

14. I hereby 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 signifure 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 with all other the empowered.

6.4 CITY-ST-ZIP

SIGNATURE: S