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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

G08689

(3)

GANG OF SIX, INC.

-		
Feb 25	1998	8:00am
Secre	etary o	of State

FILED

Principal Piece	.70	Martine Address		<u> </u>		
,	e of Business	Mading Address				
2900 NW 109 AVE 2900 NW 109 AVE 735 NW 22 AVENUE 33125 MIAMI FL 33125 US US						
		MIAMI FL 33125		DO NOT WRITE IN	THIS SPACE	
		US		3. Date Incorporated or Qualified		
8 Osia alla al Ol	ace of Business	2a. Mailing Address		11/17/1982 4. FEI Number	Llan	plied For
	N.W. 109 AVG.	26 2900 P.W.	Ing AUX	59-2425036		t Applicable
Suite, Apt.		Suite, Apt. #, etc	10 11100		- \$9.75 A	
22	.,	27		5. Certificate of Status Desired	Fee Re	
City & State)	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution		
Zip 22 i	Country	71p 22172	Country	8. This corporation owes or has paid to		
24 22	17 25	29 331, 7	30	Personal Property Tax due June 30. 10. Name and Address of New Regist		No
	9. Name and Address of C	urrent Hegistered Agent	81 Name	10. Name and Address of New Neglet	telen våelit	
	rach, Stephen J					
	5 NW 22ND AVE			dress (P.O. Box Number is Not Acceptable)		
	00 NW 109 AVE		83 2900	D.W. 104 new		
MIA	AMI FL 33125					
			84 City		FL 85 Zip	Code
44 Diversant t	o the provisions of Sections 60	7 0502 and 607 1508. Florida Statut	es the above-named cor	poration submits this statement for the purp	ose of changing its	registered
office or re	egistered agent, or both, in the	State of Florida, Such change was a	authorized by the corpora	ation's board of directors. I hereby accept the	ne appointment as	registered
agent. I ar	m familiar with, and accept the	obligations of, Section 607.0505, Flo	orida Statutes.	ation's board of directors. I hereby accept the		
SIGNATURE					DATE	
SIGNATURE	Signature, typed or printed name of registro	nred agent and title if applicable (NOT	E Registered Agent signature requ		DATE	
SIGNATURE	Signature, typed or printed name of registro OFFICER		E Registered Agent algorature requ	uired when reinstating)	DATE	
SIGNATURE 12. TITLE	Signature, typed or printed name of registre OFFICER	red agent and tric if applicable (NOT	E Registered Agent algorature requ	uired when reinstating)	DATE IS AND DIRECTOR	S IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registre OFFICER DPS AVRACH, STEPHEN J	red agent and tric if applicable (NOT	E Registered Agent alignature required. 13. 1.1 TITLE	uired when reinstating)	DATE IS AND DIRECTOR	S IN 12
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I. 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 of supplementary 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 of rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter for run an attriction with an address.

CIGNATURE

3-1-9

305-715-0449

R2E034 (10/97)