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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1998			Secretary of State DIVISION OF CORPORATIONS			Secretary of State	
1. Corporation	MENT #	G2062	8	(5)				11 A1811 BJAJI BISII AIRI) BISII IDAI
Principal Place of Business Mailing Address							I 1884(I) EDIO DELL'ODIO DIALE 11901 FOLI GIOL	i otoli bibli bibli bibli bibli bibli bibli
% JOHN BEKO % JOHN BEKO 3400 NE 192 ST #402 3400 NE 192 ST #402								
3400 NE 192 ST #402 3400 NE 192 ST #402 AVENTURA FL 33180 AVENTURA FL 33180						DO NOT WRITE IN TI	HIS SPACE	
							3. Date Incorporated or Qualified	
2. Principal Pl	lace of Business	s	2a. N	Mailing Address		 	01/27/1983 4. FEI Number	Applied For
21			26				59-2811766	Applied For Not Applicable
Suite, Apt. i	#, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & State			27	City & State				Fee Required
23	3		28	ity & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip		Country		ip	Country	·y	B. This corporation owes or has paid the	Added to Fees
24	25		29	·	30		Personal Property Tax due June 30.	Yes No
		d Address of Current	l Register	red Agent		T , ,	10. Name and Address of New Register	red Agent
	KO, JOHN				B1	Name		
	00 NE 192ND Kentinda el 2				82	Street Add	dress (P.O. Box Number is Not Acceptable)	
AVI	'ENTURA FL 3	3180			83	3		
						<u> </u>		
					84	City	5	85 Zip Code
11. Pursuant to office or reagent. Lan	to the provisions agistered agent m familiar with.	of Sections 607.0502, or both, in the State (and accept the obligation)	and 607 of Florida itions of, S	.1508, Florida Statu Such change was Section 607.0505, Fl	tes, the abov authorized b forida Statute	re-named cor by the corpora is.	proration submits this statement for the purposition's board of directors. I hereby accept the	se of changing its registered appointment as registered
	Signature, typed or p	nnted name of registered agen			TE Registered Aç	jent tignature requ	juired when reinstaling) DAT	
12.		OFFICERS AND	DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE NAME	PD Beko, Joi	LIKI		□ DEFELF	1.1 TITLE			Change Addition
STREET ADDRESS		IIN 192ND ST. #402			1.2 NAME	1		
CITY-ST-ZIP	AVENTURA				1.4 CITY-5	T ADDRESS		
TITLE	VP			DELETE	2.1 TITLE	SI - ZIF		Change Addition
NAME	BEKO, RU	ТН		-	2.2 NAME			
STREET ADDRESS		192ST ST. #402			2.3 STREE	T ADDRESS		
CITY-ST-ZIP	AVENTURA	\ FL			2 4 CITY-	ST-ZIP		
TITLE	\$ \$	*****		[_] DELETE	3.1 TITLE			Change Addition
NAME STREET ADDRESS	BEKO, SUZ	ZANNE 192ND ST. #402			3.2 NAME			
CITY-ST-ZIP	AVENTURA					T ADDRESS		
TITLE	SVP	· FL		DELETE	3.4. CITY - : 4.1 TITLE	ST-ZIP		Change Addition
NAME	BEKO, MIC	CHELLE		<u> </u>	4. 2 NAME			
STREET ADDRESS	6522 TIMB				4	T ADDRESS		
CITY-ST-ZIP	BOCA RAT	ON FL			4.4 CITY - S	ST · ZIP		
TITLE	T			DELETE	5.1 TITLE			Change Addition
NAME	BEKO, STE				5.2 NAME			
STREET ADDRESS		92ND ST. #402			5.3 STREET	ŀ		
CITY-ST-ZIP TITLE	AVENTURA	i PL		DELETE	5.4 CITY - S 6.1 TITLE	ST-ZIP		Change Addition
NAME				L beleve	6.2 NAME			Change Addition
STREET ADDRESS					6.3 STREET	T ADDRESS		
CITY-ST-ZIP					6.4 CITY - S			

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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the coeroration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address

SIGNATURE: John Behi

JOHN BEKO

2-2-98

305.932 3981

Feb 23 1998 8:00am