## 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

DOCUMENT # G22326

(4)

## FILED Jan 21 1998 8:00am Secretary of State

1. Corporation	in Name	<b>\</b> /			
VEISSI	& ASSOCIATES, INC.				
				A DECRETE AND A CHAIR STARM FIREW FINIO DISTRICT	INTO DENTE BEDE NERO DINCE INC
Principal Plac	e of Business	Mailing Address	,		
7800 SW 571		7800 SW 57TH AVENUE			
SUITE 25 30/ SUITE 25 30/					
MIAMI FL 33143 MIAMI FL 33143			DO NOT WRITE IN THI	IS SPACE	
บร		US		3. Date incorporated or Qualified	
				01/17/1983	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2254130	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		. 27		3. Certificate of Status Desired	Fee Required
City & Stat	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zìp	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible
24	25	29	30	Personal Property Tax due June 30,	Yes No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registere	d Agent
VE	ISSI, MAURICE J.		81 Name		
7800 SW 57TH AVENUE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
	IITE 329 ≥01		UZ Glieel Addi	ess (1 .O. Dox (valide) is 140t Acceptable)	
	AMI FL 33143		83	<del> </del>	
			<u> </u>		
			84 City	F	85 Zip Code
11 Pureuant	to the provisions of Sections 607.0	502 and 607 1508 Florida Statut	es the above-named corn		
office or	egistered agent, or both, in the Sta	ite of Florida. Such change was a	authorized by the corporat	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	ppointment as registered
acent i a	im familiar with, and accept the obli				
agent, 10	in territor with and accept the ear	igations of, section 607.0505, Fit	onda Statutes.		
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOT	E: Registered Agent signature require	ed wheri reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOTI	E: Registered Agent signature require		ND DIRECTORS IN 12
SIGNATURE  12. TITLE	Signature, typed or printed name of registered a OFFICERS A	agent and title if applicable. (NOT	E: Registered Agent signature require  13.  1.1 TITLE	ed wheri reinstating) DATE	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 all address.

SIGNATURE:

LEQUIRED

98 <u>305-665-9299</u>