## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/36/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 24 1998 8:00am Secretary of State

1	MENT on Name EQUIPME	# <b>G635</b> 3 ht, inc.	33 (5	)				
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Principal Place of Business Mailing Address								<b>Dis</b> i, <b>Dis</b> i, Sibi, Disi, Bibi, 1981
3545 NW 71ST ST 3545 NW 71ST ST								
MIAMI FL 33147 MIAMI FL 33147								
US US							DO NOT WRITE IN THI	\$ SPACE
ļ							3. Date incorporated or Qualified	
							10/04/1983	
2. Principal Place of Business			}-¬ ~	2a. Mailing Address			4, FEI Number	Applied For
Suite, Apt.	# 410		26 Suite Ant #	Suite, Apt. #, etc.			59-2334650	Not Applicable
22	. #, BIC.		, ⊢η ·	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le			City & State			6. Election Campaign Financing	\$5,00 May Be
23			<u> </u>	28			Trust Fund Contribution	Added to Fees
Zip	Country		Zip 29	Zip Cou		The state of the part and on		rrent year Intangible
24     25     29     30							10. Name and Address of New Registered	
HAGEN, MAX M 81 Name								
3990 SHERIDAN STREET					99 044	0 - 4 - 1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4		
SUITE 104					82 Street	et Address (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33021					83			
					84 City	<del></del> .		85 Zip Code
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11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.								
SIGNATURE								
	Signature, typed	or printed name of registered			ered Agent signat	ure require	ed when reinstating) DATE	(ID DIDEOTODO (I) 40
12.	P	OFFICERS	AND DIRECTORS	13.	TI F	P.	ADDITIONS/CHANGES TO OFFICERS A	
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STREET ADDRESS				II.	REET ADDRESS	1		ľ
City-St-ZiP	artifu that the	information cumplied u	ith this filing does not aug		TY-ST-ZIP	L	in 110 07/3\/i) Florida Statutes I further certifo	thet the information

I nereby certify that the information supplied with this filing does not quality for the exemption stated in section 119.0(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is rue and accurate and that my signature shall have the same legal effect as if made under outh, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.