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

FILED Jun 02 1998 8:00am Secretary of State

Malon > = 22 2 2011

<u> </u>			
DOCUME 1. Corporation Name	NT #	G96	663
MARINA	SHANK-	KLEIN,	P.A

Principal Place of Business		Mailing Address						
44 West Flagler St. 44 West Flagler St.								
Suite 675-A				DO HOT WOLTE IN THIS OR LOS				
Miami, FL 33131				DO NOT WRITE IN THIS SPACE				
•				3. Date Incorporated or Qualified				
2. Principal Place of Business	, Principal Place of Business 2a, Mailing Address			4/18/1984 4. FEI Number Applied For				
1 S.E. 3rd Av	enue		Ave	nue		59-2549352	· · · · · · · · · · · · · · · ·	ot Applicable
Suite, Apt. #, etc						Additional		
22 Suite 1250		27 Suite 1250)			5. Certificate of Status Desired		beriupe
City & State		City & State		****		6. Election Campaign Financing	\$5.00	May Be
23 Miami, Florid	a	28 Miami, Flo	rida			Trust Fund Contribution		to Fees
Zip Coun		Ζφ	Coun			8. This corporation owes or has paid the	current year In	tangible
120	ı	33130	30 D	ade		Personal Property Tax due June 30.	X Yes	.] No
₽ 9. Name and Add	ress of Current R	egistered Agent				10, Name and Address of New Register	ed Agent	
Marina Shank-Kle	in		[6	1 Name	Mar	ina Shank-Klein		
44 West Flagler			ε			s (P.O. Box Number is Not Acceptable)		
# 675-A #	50.		L			.E. 3rd Avenue		
Miami, Florida 3	3130		{	3	Cui	te 1250		
Manual Indiada 3	3130	•	ε	4 City	- 11	<u></u>	85 Zip	Code
		, , , , , , , , , , , , , , , , , ,			Mia		L 33	130
 Pursuant to the provisions of Se office or registered agent or bo 	ctions 607 0502 a them law State of I	nd 60 7 1 508, Fto rida Sta tut Honda, Such cha nde w as a	es, the abo authorized	ve-named by the con	corpor	ation submits this statement for the purpos i's board of directors. I hereby accept the a	e of changing i	its registered
agent. I am familiar with, and ac	cept the obligation	us of, Section 607.0505, Flo	orida Statu	es.	porcurer	ra bosta of arroctors. Thorony trocopi the	прропилоги ас	o regional on
SIGNATURE								
Signature Typied or printeo rial				igent signature	required	when reinstating) DA1		00.451.40
TITLE PVST	OFFICERS AND D	DELFTE	13.		····	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME Marina S	hank-Vla		1.2 NAM				E Ondrigo	L_1 /xddittoii
l		Suite 1250		ET ADDRESS				
CITY-SI-ZIP Miami, F		Suite 1250		-SI-ZIP]
TITLE MITAILLY	חיכיד כייכייייד	DELI TE	21 THL				Change	Addition
NAME			22 NAM	E			<u>-</u>	-
STREET ADDRESS			2.3 STB	ET ADDRESS				
CITY-S1-ZIP				'-ST-ZIP				
TITLE		DELETE	3.1 TITL				Change	Addition
NAME			3.2 NAM	ŧ				1
STREET ADDRESS			3.3 S1R	ET ADDRESS				ļ
CITY-ST-ZIP			3.4. CIT	'- S1 - ZIP				-
TITLE		☐ DELETE	4.1 TOL	:			Change	Addition
NAME			4. 2 NAM	1E				į
STREET ADDRESS			4.3 STR	ET ADDRESS				
City-St-ZIP			4.4 CITY	- ST - Z IP				
TITLE		☐ DELFTE	5.1 TiTL	:			Change	Addition
NAME			5.2 NAM	f				∤ ⊂
STREET ADDRESS			5.3 STR	ET ADDRESS				2
CITY-ST-ZIP			5.4 CITY		ļ			4.0
TITLE		☐ DELETE	6.1 T(TL)			anoonesass	Change	Addition
NAME			6.2 NAM	E		3000025 4 56 -06/03/9801042	กรว	
STREET ADDRESS			6 3 STRE	ET ADDRESS		***550.00	white.	}
CITY-ST-ZIP		 	6.4 City		<u>L</u> _			
indicated on this annual report of	ar supplemental ar	initial report is true and acc	urate and	that my sig	nature :	ction 119.07(3)(i), Florida Statutes. I further shall have the same legal effect as if made	under oath; the	attam an 🔝
officer or director of the corpora Block 12 or Block 13 if changed	tion of the receive	r or trustee emp owered t o (execute thi	s report as	require	ed by Chapter 607, Florida Statutes; and th	at my name an	pears in
BIOUR IZ OF BIOOK TO IF CHANGED	гогонач анасон	ion wire an accidess				, ,		}