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

## CORPORATION

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

Apr 02 1998 8:00am

	JAL REPORT <b>1998</b>		Secretary DIVISION OF C		Secretary	of State
1. Corporation		H02702	(9)			
O.L. CC	insulting, II	NC.				
Principal Place	e of Business		Mailing Address			TIAN BIAN AIRN AIRN AIRN BIÈN YAAR
% LAWRENCE 3030 S.W. 84 MIAMI FL 331	AVE.		% LAWRENCE WEINER 3030 S.W. 84 AVE. MIAMI FL 33155		DO NOT WRITE IN TH	HIS SPACE
***************************************			WIN 12 00100		3. Date Incorporated or Qualified	
<b>6</b> Discussion   Di					05/03/1984	
2. Principal Pl	ace of Business	20	<b>≀a.</b> Mailing Address		4. FE! Number	Applied For Not Applicable
Suite, Apt.	#, etc		Suite, Apt. #, etc.		59-2400948	\$8.75 Additional
22		2	7		5. Certificate of Status Desired	Fee Required
City & State	9		City & State		6. Election Campaign Financing	\$5.00 May Be
23		punity 20	<del></del>	Country	Trust Fund Contribution	Added to Fees
Zip 24	25	21	Zip	30	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current year Intangible  Yes No
-71		ddress of Current Reg		30,	10. Name and Address of New Register	
LON	MBA, ORLOFF J			81 Name		
	0 SW 85TH AVE	N ./.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	TE 200	" whather		303	0 5,00 84th Aus	•
MIA	MI FL 33155			83		
		$\sim$ 1		84 City Mu	lm i F	85 Zip Code
11. Pursuant t	o the provisions of	Sections 607 4502 and	L607 1508 Florida Statuto	<u></u>	poration submits this statement for the purpos	
office or re	egistered agont, or	both, incho State of Flo	orida Such change was au	ithorized by the corpora	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE	1//		PLAPF J. LOM			
	Signature . Hed or rinto	name of registered again and	title if applicable (NOTE	Registered Agent signature requ		
12.	PST (	OFFICERS AND DIR	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12  Change Addition
NAME	LOMBA, O.J.		_ otten	1.2 NAME		
STREET ADDRESS	3030 SW 84 A	VE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP		
TITLE			☐ DELETE	2.1 TITLE		Change Addition
NAME				2.2 NAME		
STREET ADDRESS				2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	2.4 City-ST-7IP 3.1 TITLE		Change Addition
NAME			occie	3.2 NAME		El Orkalde El Madition
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4. CITY - ST - ZIP	_	
TITLE	_		DELETE	4.1 TITLE		Change Addition
				4 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<del></del>		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE			☐ DELETE	6.1 TALE		Change Addition
NAME SYDEET ADDRESS				6.2 NAME		
STREET ADDRESS			_	6.3 STREET ADDRESS		
14. I hereby co	ertify that the inforr	nation supplied with the	s filing dees not quality for	6.4 City-St-ZiP the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information
indicated of officer or o	<b>on</b> this annual repo	rt or supplemental admi oration of the receiver o	ual report is true and accu	rate and that my signatu	re shall have the same legal effect as if made juired by Chapter 607, Florida Statutes; and th	under oath; that I am an

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