FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1000

1. Corporation	MENT # H2733 RSHIP MANAGEMENT DEV	• • • • • • • • • • • • • • • • • • • •				
Principal Place of Business Mailing Address  12020 SW 2ND ST. 12020 SW 2ND ST.  MIAMI FL 33184 MIAMI FL 33184				I JADOVASI BINE AIRIN FABRA NINGA FAKI 	I BIQU QUQUU BIQUU QAQUU QAQUU	I DìOII DIGH IODH
		MUURI FE SSTOT		3. Date Incorporated or Qualified 10/26/1984	3a. Date of Last R 05/01/19	
	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		59-2476835		Not Applicable
Suite, Apt. #, etc.		Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 28		Oity & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
			Gountry 30	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes X No		
	g. Name and Address of Current	Registered Agent	- 1 I	10. Name and Address of New Re	egistered Agent	
			81 Name			
DAUGHERTY, KENNETH G. 12020 S.W. 2 STREET - MIAMI FL 33184			82 Street Addr	ess (P.O. Box Number is Not Acceptable	e)	
					·	
			83			
			84 City		FL 85 Zij	o Code
familiar will	to agent or both, in the state of Florid, in, and accept the obligations of, Sectic KENNETH G. DAUGHER states beginned by the based on principles of a principle of a principles of a principle o	a Such change was authorized 607.0505, Florick Attutes  TY X	es, the above haben corpored by the zone matter is boar in the control of the con	stion submits this statement for the purp distributions. Thereby accept the appo	oose of changing its r introduct as registered 4(13/96	agent. I am
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI		PRS IN 12
TITLE NAME	PD DATIONEDTY MENNETH O	<b>7</b> 3 DELETE	1 1 Trile		☐ Change	PRS IN 12 S
STREET ADDRESS	DAUGHERTY, KENNETH G. 12020 SW 2ND ST		1.2 NAME 1.3 STREET ADDRESS			8
CITY - \$T - ZIP	MIAMI FL		14 CITY - S' - ZIP			1
TITLE	STD	[T] DELETE	2 1 1FLF		☐ Change	Addition 5
NAME	DAUGHERTY, BARBARA		2.2 NAME			
STREET ADDRESS	12020 SW 2ND ST.		2 3 STREET ADDRESS			
C:TY-ST-ZIP	MIAMI FL		2.4 C:TY - ST - ZIP			
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STREET ADDRESS			3.3 STREET ADDRESS			
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NAME		and various	4.2 NAME		☐ Cuange	LI Ado tion
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 CiTY - S1 - 2iF			
TITLE	, , , , , , , , , , , , , , , , , , ,	DELETE	5 1 TILLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CHY-ST-ZIP			
TITLE		☐ DELETE	6.1 ULE		Change	☐ Addit-on
NAME			ES NAME			
STREET ADDRESS			6.3 STREET ACORESS			
14. I do hereby	certify that the information supplied w	to this find is voluntarily furn	■ 64 CITY - ST- ZIP ished and does not qualify for	or the exemption stated in Section 119.0	7/31/k) Florida Statut	ee I further

certify that the information indicated on this annual report or supplemental annual report is true and datured and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comporation 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 an appears.

SIGNATURE: BARBARA DAUGHERTY ZUMANI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR