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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State .

FILED Feb 04 1998 8:00am Secretary of State

	1998	100	DIVISION OF C	ORPORATION	JNS	Secretary	OI D	tate
	MENT # H3469 CILLA R. PERRY & ASSOCI		(3) NC.			4 180(O)(0)88 (O)() 8(0) 8 (O)() 8(O)()	IBN BIBN BIBN B	18)(8/8((186)
Delegated Disc	a of Business		line Address					
Principal Place of Business Mailing Address Approved AVE #4403						•		
1627 BRICKELL AVE #1107 1627 BRICKELL AVE # MIAMI FL 33129 MIAMI FL 33129			1107		DO NOT WRITE IN THIS	DD4.OF	1	
						3. Date Incorporated or Qualified	SPACE	
						12/15/1984		
	lace of Business	2a.	Mailing Address		•	4. FEI Number	— 	plied For
Suite, Apt.	# 410	26	Suite, Apt. #, etc.			59-2471952	\$8.75 A	t Applicable
22 Suite, Apr.	#, U C.	27	Suite, Apr. #, etc.			5. Certificate of Status Desired	ېو. این جون Fee Re	
City & State	0		City & State		•	6. Election Campaign Financing	\$5.00	May Be
23		28	-	0		Trust Fund Contribution	Added t	
Zip 24	Country	29	7 ip	Country 30	•	 This corporation owes or has paid the cu Personal Property Tax due June 30. 		angible] No
241	g, Name and Address of Curre		ered Agent	301		10. Name and Address of New Registered		
PERRY, PRISCILLA R. 1627 BRICKELL AVE #1107				81 82	Name Street Ad	ddress (P.O. Box Number is Not Acceptable)		
M	IIAMI FL 33129			83				
				84	City		85 Zip 0	Code
_					ĺ	FL	_ ' ' ' '	Į.
11, Pursuant office or r agent I a	to the provisions of Sections 607.05 egistered egent, or both, in the Stat im familiar with, and accept the oblig	02 and 60 of Florida Jutions of	7,1508, Florida Statute V Such change was a Section 607.0505, Flo	es, the above authorized by orida Statules	e-named co / the corpor s.	orporation submits this statement for the purpose or ration's board of directors. I hereby accept the app	of changing its pointment as a	s registered registered
SIGNATURE	Signature, typed or printed name of registated as)	and the MOTE	Registered And	ol signature rec	quired when re-instating) DAY	1928	
12.	OFFICERS AN			13.	or organization	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	IS IN 12
TITE	Р		DELETE	1 1 TH LE			Change	Addition
NAME	PERRY, PRISCILLA R.	-		1.2 NAME				ı
STREET ADDRESS	1627 BRICKELL AVE #110 MIAMI FL	1		1.3 STREET 1.4 City - S				
CITY-ST-ZIP TITLE	D		DELETE	21 TITLE	1-EIF		Change	Addition
NAME	Man, Eugene H.			2.2 NAME				
STREET ADDRESS	1627 BRICKELL AVE #110	7		2 3 STREET	ADDRESS			
CITY-ST-ZIP	S. MIAMI FL		DESERTE	2 4 City-	S1 - ZIP		Change	Addition
TITLE NAME			☐ DELETE	31 TITLE 32 NAME			[_] Change	L. Addition
STREET ADDRESS				33 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-				
TITLE			DELETE	4.1 TITLE			Change	Addition
NAME				4 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		T ocusar	4.4 CiTY - S	T-ZIP		Change	- Addition
TITLE			☐ DELETE	5 1 117LE			Change	Addition
NAME CTOCET ADDRESS				5.2 NAME	ADDRESS			
STREET ADDRESS				5.3 STREET 5.4 City-S				
CITY-ST-ZIP TITLE			☐ DELETE	61 TITLE	4 - £1T		Change	Addition
NAME				6.2 NAME			•	
STREET ADDRESS				6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CITY-S	it - ZIP			
14. I hereby o	certify that the information supplied v	with this fili	ng does not qualify fo	r the exemp	tion stated	in Section 119.07(3)(i), Florida Statutes. I further c	ertify that the	information

Indicated on this annual report or supplied with this timing does not qualify for the exemption state in escapility of the receiver of the corporation or the receiver of the transfer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.