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

PROFIT ORPORATION



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS											
DOCUMEN 1. Corporation Name		98	(1)								
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Principal Place of Busine	988	Mailir	ng Address					100			
% AARON GOLDSMITH 2440 N.E. 196TH ST. N. MIAMI BEACH FL 33180		24	% AARON GOLDSMITH 2440 N.E. 196TH ST. N. MIAMI BEACH FL 33180								
				3. Date Incorporated or Qualified 3a. Date of Last F 02/22/18							
, ' 			. Mailing Address			4. FEI Number	<u>-</u>			Applied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			59-2540320			\$8.7	Not Applicable 5 Additional	
]	. ,,	27					5. Certificate of Status Des			Fee	Required
City & State		28	ity & State				Election Campaign Finar Trust Fund Contribution	ncing			00 May Be ed to Fees
Zip				Cou	intry		8. This corporation has hab				
o Na	25 me and Address of Curre	29 ent Register	red Agent	30	Γ-		Florida Statutes 10. Name and Address of		No gistered	Agent -	
<u> </u>					81	Name			*		
GOLDSMITH, AARON					82	Street Add	lress (P.O. Box Number is Not A	coeptable)		
2440 N.E. 196TH ST. N. MIAMI BEACH FL 33180			-					·			
N. MIAMI DEAU	III LL 33100				84	City				85	Zip Code
							ration submits this statement for		FL		
familiar with, and ac SIGNATURE	pec or printed name of registered age	ction 607.05	05, Florida Statutes				ard of directors. I hereby accept the second		DATE		
2.	OFFICERS A	ND DIRECTO	ORS DELETE	13.	ITI E		ADDITIONS/CHANGES	O OFFIC		DIRECT Change	
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AME				62 N							
TREET ADDRESS						T ADDRESS ST-ZIP					
certify that the infor oath; that I am an o	mation indicated on this on	inual teport of poration or ti	or supplemental ann he recei <u>v</u> er or truste	ished and ual report i e ripowe	doe	s not qualify	for the exemption stated in Sect ate and that my signature shall h his report as required by Chapter	ave ine s	ame iegali	enect as	s it made under
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