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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami

Secretary of State

DIVISION OF CORPORATIONS

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DEINARR, INC.

DOCUMENT #

1. Corporation Name

Principal Place of Business	Mailing Address 1644 NORTHEAST 205 TERRACE
1644 NORTHEAST 205 TERRACE MIAMI FL 33179	MIAMI FL 33179



		MIAMI PL 331/9			1			
MIAMI FL 33179		mirimi ve sariva		3. Date incorporated or Qualified 3a. Date of Last Report 05/01/1985				
					03/20/1985	1 00/0		lied For
Principal Place	of Business	2a. Mailing Address			4. FEI Number	-		Applicable
		26			59-2510409		L	
Suite, Apt. #, etc.				5. Certificate of Status Desired See Required				
		City & State			6. Election Campaign Financing	\$	5.00 M	Лау Ве
City & State		28			Trust Fund Contribution		Added to	
Zip	Country	Zıp	Countr	ry	8. This corporation has liability for Florida Statutes See Yes	intangible tax und	ders 199	9.032,
	25	29	30		10. Name and Address of New F		nt	
	9. Name and Address of Curre	nt Registered Agent		11 Name				
			١			1-1		
	, ronald		8	Street Addr	Address (P.O. Box Number is Not Acceptable)			
	205TH TERRACE		8	33				
MIAMI FI	, 331/9		8	34 City		FL 8	5 Zp C	ode
					ration submits this statement for the pured of directors. Thereby accept the app	of observing	no ite regi	stared offi
IGNATURE s	grature. Specific printed have of 6 jetsechalt		Maria Esquired A	Ager Esignathore regioni	ADDITIONS/CHANGES TO OF	DATE FICERS AND DIF	RECTORS	3 IN 12
2.	OFFICERS A	ND DIRECTORS	1 1 111	116			nange [Addition
TLE	PD		. 12 NAN	1				
IAME	GERSON, RONALD L.			HEET ADORESS				
TREET ADDRESS	1644 NE 205 TERR							
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NAME	GERSON, DEBRA R.			REET ADDRESS				
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14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the reserver or true employee of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an accurate SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIDECTOR

SIGNATURE:

5/31/46 305 652-0506