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

**PROFIT CORPORATION ANNUAL REPORT** 



**FILED** Mar 06 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State

	1998	DIVISION OF CO	ORPORATIONS	3 Scorciary	or State
i. Corporation	MENT # <b>J43389</b> R CORPORATION	(2)			
Principal Place	e of Business	Mailing Address	······································	I SMOTOS IN MITH MINNUM CENTRA COTANT CONTINUE LUIS DESDE LUIS DESDE LUIS DE LUIS	£ ANDRÍ MINI NINI NINI NEDI
341 POINCIANA DRIVE FORT LAUDERDALE FL 33301		341 POINCIANA DRIVE FORT LAUDERDALE FL 33301		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 11/14/1986	
2. Principal Place of Business		2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For
21		26		59-2742753	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		8. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zipi	Country	8. This corporation owes or has paid the cu	
24	25		30		_ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
	ALER, MARK V.		81 Name		
341 POINCIANA DRIVE			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
FO	RT LAUDERDALE FL 33301				
			63		
			84 City		85 Zip Code
			1	FL	.     '
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	f changing its registered pointment as registered		
	m tamillar with, and accept the obliga	tions of, Section 607.0505, Flori	ida Statules.		
SIGNATURE	Signature typed or printed name of requirems ager	(NOTE	Registered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	Р	DELETE	1.1 TITLE	A STATE OF THE STA	☐ Change ☐ Addition
NAME	THALER, MARK	<u> </u>	1.2 NAME		
STREET ADDRESS	341 POINCIANA DR		1.3 STREET ADDRESS		
	FORT LAUDERDALE FL				
CITY+SI+ZIP TITLE	1011 2102112/12	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME					Criange L Adultion
			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIF	<del></del>	DELETE	2 4 CITY-ST-ZIP	The second secon	Observe Addition
TITLE		ניין הנינונ	31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP		De tre	3 4. CITY - ST - ZIP		
TITLE		☐ DELFTE	41 TITLE	+	☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 TITLE		Change Addition
NAME			6.2 NAME		İ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY-ST-ZIP		1

1. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arrupal roport or supplicemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or or a minematical with an address.

**SIGNATURE:**