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

1996

DOCUMENT # J65097

(4)

2001 WASHINGTON AVENUE, INC.

· · · · · · · · · · · · · · · · · · ·	
Principal Place of Business	Mailing



1024 OCEAN MIAMI BEAC		1024 OCEAN DR. MIAMI BEACH FL 331	139								
						3. Date Incorporated or Qualified 04/02/1987		3a. Date of Last Report 04/27/1995			
f , ▶,		2a. Mailing Address	failing Address		4. FEI Number			Applied For			
21 Suito Ant	+ ata	26				59-2785086			Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, 27			RG.			5. Certificate of Status Desired			75 Additional se Required		
City & State City & State 28						Flection Campaign Financing Trust Fund Contribution			.00 May Be ided to Fees		
Zip 24	Country 25	Ζφ 29	Country 30			. *	ity for intangible tax under s 199.032, ☑ Yes ☐ No				
	9. Name and Address of Cur	rent Registered Agent		Ī	r	10. Name and Address of New R	egistere	d Agent			
.				81	Name						
Greer, evelyn langlieb 2400 South Dixie Hwy.				82	Street Add	ress (P.O. Box Number is Not Acceptab	le)				
SUITE #				83							
	FL 33133			84	,		F		Zıp Code		
familiar wit	th, and accept the obligations of, S	ection 607.0505, Florida Statute:	ZERLI LIV RIJER C	orp Sorp	named corpor oration's boa	ration submits this statement for the pur rul of directors. Thereby accept the appu	pose of a pintment	changing i as registe	ts registered office red agent. Fam		
	Sky at nei typed or printed name of registerich a			Agen	disgnature respons	C when remstating	DA'F				
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS A				
NAME	PD Alexandru, Adrian	☐ DELETE						Cnang	ge 🔲 Addition		
STREET ADDRESS	689 - 86 STREET		1 2 N								
City-St-ZiP	BROOKLYN NY				ADDRESS						
TITLE	DISCOLLUTION	DELETE	14 CI 2 1 TI		1 211			Chanc	ge Addition		
NAME		_	2 2 N/					Oriang	go		
STREET ADDRESS			2351	AEE:	ADDRESS						
CHTY-ST ZIP			2401	IY-S	T - ZIP						
TITLE		☐ DELETE	3 11					Chang	ge 🔲 Addition		
NAME			3 2 NA	ME							
STREET ADDRESS			33 \$	TREEL	ADDRESS						
CHY-ST-ZIP			3 4 CI		1 - ZIP						
T'ILE		☐ DELETE	4 1 1					☐ Chang	ge Addition		
NAME CTATES ASSOCIATE			4 2 NA								
STREET ADDRESS					ADDRESS						
CITY-SI-ZIF TITLE		DELETE	4 4 CI		I - ZIF						
NAME			5 1 TI					Chang	je 🔲 Addition		
STREET ADDRESS			5 2 NA		406B566						
CITY-ST-ZIP					ADDRESS						
TITLE		DELETE	54 CI		: - (IF			Choc-	D A249		
NAME		Прин	6 2 N4					☐ Chang	e 🗋 Addition		
STREET ADDRESS					MODELLE DE						
CITY-ST-ZIP					ADDRESS						
	v certify that the information supplie	d with this filing is voluntarily 6 in	6.4 CI		T-ZIP						

recommends certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Soction 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 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 12 or Block 13 if changed, or on an attaching it with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR