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

**FILED** Mar 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)1024 S. OCEAN DRIVE, INC. Principal Place of Business Mailing Address 1024 OCEAN DR. 1024 OCEAN DR. MIAMI BEACH FL 33139 1024 OCEAN DR. DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33139 3. Date Incorporated or Qualified 03/30/1987 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 59-2785084 Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Zφ Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes ☐ No 25 30 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GREER, EVELYN LANGLIEB** 2400 SOUTH DIXIE HWY. Street Address (P.O. Box Number is Not Acceptable) 82 **MIAMI FL 33133** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Addition TITLE 1.1 TILE Change ALEXANDRU, ADRIAN 1.2 NAME NAME STREET ADDRESS 689-86TH STREET 1.3 STREET ADDRESS **BROOKLYN NY** 1.4 City-St-ZiP CITY-ST-ZIP Change DELETE Addition TITLE 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHTY-ST-ZIP 4.4 City-ST-ZiP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 attachment with an address. TISCIAN ALEXANDRU

5.4 CITY - ST - ZIP

6.4 CITY-ST-ZIP

61 THILE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

DELETE

Change

Addition