PROFIT.
CORPORATION
ANNUAL REPORT-



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90242 040 ***150.00

DOCUMENT # J96269 1. Corporation Name

ALERED KARRAM IL INC.

ALFRED KARHAM II, INC.									
					ł		ina (an ana) a	LAKA BUGUL BIRKA	una na a Maria
Principal Place of Business Mailing Address						S SOMESTION MIST STATE MATERIAL CARES MA	CHIEF CENT BIEFF E	(Olf Blåti Olfit i	CERTY BYBYS 1881
} `			Į						
720 E. PALMETTO PK RD. 720 E. PALMETTO PK RD. 80CA RATON FL 33432 80CA RATON FL 33432					ł	×			
US US					Ĺ	DO NOT WRI	TE IN THIS	SPACE	
				-		3. Date incorporated or Qualifed			•
		,				10/02/1987			
2. Principal P	ace of Business	2a. Mailing Address			1	4. FEI Number		Ap	plied For
21 26					}	65-0015143		Not Applicable	
Suite, Apt. #, etc.					Ì	5. Certificate of Status Desired		+ - · · · ·	Additional
22 27								Fee Re	equired
L-, ' -		City & State			į	6. Election Campaign Financing		,	May Be
23 28						Trust Fund Contribution		Added	to Fees
Zip, Country		Zip	ر با المرابع المساهدي و الماسية الماسي		- -	8. This corporation owes the curr	ent year int		
24	[25]	29 3	<u> </u>			Personal Property Tax.	Da. =104====d	Yes	□No
}	9. Name and Address of Current	Registered Agent	81	Name		10. Name and Address of New I	tegisterea	Agent	
HAMBY, LOUIS L., III									}
321 ROYAL POINCIANA PLAZA				Street A	Address	(P.O. Box Number is Not Accept	able)		
PALM BEACH FL 33480				<u> </u>					
PALM DEAGH FL 30400			83						
			84	City			<u></u>	85 Zip	Code
				L			FL	ــــــــــــــــــــــــــــــــــــــ	
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes Florida, Such change was auth	, the above	e-named o	corpora	ition submits this statement for the s hoard of directors. I hereby acce	purpose of at the appoi	changing its ntment as re	registered aistered
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
	Signature, typed or printed name of registered agent a	<u></u>	<u></u>	t signature re	equired wh	en reinstating)	DATE		50000
12.	OFFICERS AND	DIRECTORS DELETE	13.	 -		ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRECTO ☐ Change	Addition
TITLE }	DP	☐ DETE IE	1.1 TITLE	}				□ ouruge	
NAME (i transmi, rus ruco		1.2 NAME						}
STREET ADDRESS	720 E. PALMETTO PARK ROAD		1.3 STREET						(
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-S	r-zip				[] Change	Addition
TITLE	DVPT	☐ DELETE	2.1 TITLE	Į				Chougaige	☐ Vaannon
NAME	KARRAM, EMILIÀ		2.2 NAME	- {					
STREET ADDRESS	720 E. PALMETTO PARK ROAD		2.3 STREET	ADDRESS					j
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-S	T-ZIP		 			C Addition
ture .	SVP	☐ DELETE	3.1 TITLE	1			•	Change	Addition (
NAME	KARRAM, ALFRED JR.		3.2 NAME	}					}
STREET ADDRESS	720 E. PALMETTO PARK ROAD		3.3 STREET	ł					
CITY-ST-ZIP	BOCA RATON FL.	□ net erre	3.4. CITY-S	T-ZIP				// Chanas	Addition 1
TITLE	V	☐ DELETE	4.1 TITLE	}				Change	☐ Addition
NAME	KARRAM, ALEXANDRA		4.2 NAME	}					}
STREET ADDRESS	720 E. PALMETTO PARK ROAD		4.3 STREET						j
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST	r-ZiP				[](h	
TITLE		☐ DELETE	5.1 TITLE	}				Change	Addition
NAME		•	5.2 NAME						
STREET ADDRESS	•		5.3 STREET						
CITY-ST-ZIP			5.4 CITY+ST	r-Z/P					
TITLE		☐ DELETE	6.1 TITLE	}				☐ Change	☐ Addition
NAME			6.2 NAME	{					}
STREET ADDRESS			6.3 STREET	ļ					}
CITY- ST- ZIP	·		6.4 CITY-ST			·			
44 Lharahy c	ertify that the information supplied with	this filling does not qualify for th	ie exempti	on stated	in Sec	tion 119.07(3)(i). Florida Statutes.	i further cer	tity that the i	ntormation

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report or supplemental durinal 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 corporations the precipitor for 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 charged from an appear with an address, with all other like empowered.

SIGNATURE

NATURE LAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

(561) 394-9900

Daytime Pho