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

PROFUT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(0)

CLORAL LEASING & SALES INC

GLOBAL LEASING & SALLS, I	NO.
Principal Place of Business	Mailing Address
454 1111 44455 000000	ACA MINI AGARD ATREET

**FILED** Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			(   Main			
650 N.W. 123RD STREET 650 N.W. 123RD STREET						
NORTH MIAN	II FL 33168	NORTH MIAMI FL 331	68			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
1						
9 Principal P	lace of Business	2a. Mailing Address	-			05/17/1988 4. FEI Number Applied For
<u> </u>	lace of business	<b>⊢</b> •				
21 Suits Ant	# 310	26 Suite Act # etc				65-0063384   Not Applicable
Suite, Apt. #, etc					5. Certificate of Status Desired S8.75 Additional Fee Required	
27						
City & State 23 28		— ´	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees
Zip	Country	28 Zip	Zin Country			
<b>─</b> ─ `	25	29	Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
24	9. Name and Address of Curre		30	1		Personal Property Tax due June 30. Li Yes Li No  10. Name and Address of New Registered Agent
FIC		it Hegistered Agent		81	Name	10. Hank and Address of Non Hogisterou Agent
	SH, MICHAEL K.				710/110	
	515 N KENDALL DRIVE SUITE 3	304		82	Street A	ddress (P.O. Box Number is Not Acceptable)
Mi/	AMI FL 33186			83		
				83		
				84	City	85 Zip Code
				ليل	<u></u>	FL 3 - 5000
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida States of Florida, Such change wa	tutes, the a	evodi avodi	s-named c	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Sta	itutes	s.	Station is social of directors. Thereby accept the appointment as registered
SIGNATURE						,
	Signature, typed or printed name of registered ag				nt signature n	equired when reinstating) DATE
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1,1 1	TILE		Change Addition
NAME	RAJA, CASEY		1.2 N	IAME		
STREET ADDRESS	10315 NW 133RD ST		1.3 9	TREET.	ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL		1.40	HY-S	T-ZIP	
TITLE	VŠD	☐ DELETE	2.1 T	2.1 TITLE		☐ Change ☐ Addition
NAME	raja, freny		2.2 N	IAME		
STREET ADDRESS	10315 NW 133RD ST		2.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL		2.4	CITY-S	T-ZIP	
TITLE		DELETE	3.1 T	TILE		☐ Change ☐ Addition
NAME			3.2 N	IAME		
STREET ADDRESS			3.3 9	TREET	ADDRESS	
CITY - ST - ZIP				CITY-S	- 1	
TITLE		☐ DELETE	4.1 T			Change Addition
NAME				NAME		• -
STREET ADDRESS					ADDRESS	
1				HTY-SI	1	
CITY - ST - ZIP TITLE		DELETE	5,1 T		1-211	Change Addition
				IAME		Shangs Addition
NAME					100000	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP		T1 551		ITY-SI	T-ZIP	
TITLE		☐ DELETE	6.1 T			☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET	ADDRESS	
CITY-ST-ZIP			6.4 0	ITY-ST	T-ZIP	
44 11						tion Constitute 440 07/03/23 Classical Chabridge   forestern marking the state information

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 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 attachment with an address.

GNATURE:

7. Cala URE REQUIRED

1. 1. 98

SIGNATURE:

CR2E034 (10/97)