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

CITY-ST-ZIP

 I hereby certify that the information supplied indicated on this annual report or supplied officer or director of the corporation of Block 12 or Block 13 if changed, or g

Mar 26 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **1998** DOCUMENT # K47156 (0) H KASSNER & COMPANY Principal Place of Business Mailing Address 2780 S W 37TH AVE 2780 S W 37TH AVE #301 #301 DO NOT WRITE IN THIS SPACE MIAMI FL 33133 MIAMI FL 33133 US US 3. Date Incorporated or Qualified <u>11/23/1988</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0163413 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ No 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KASSNER, HENRY 6493 SUNSET DRIVE ₿2 **SUITE 245** 83 SOUTH MIAMI FL 33143 84 Miami Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept to ch change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ion 607.0505, Florida Statutes. Signature, typed or printed name of ro (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change TITLE 1.1 TITLE assner, Henry KASSNER, HENRY NAME 1.2 NAME 7228 SM 54 6493 SW 72ND ST. STREET ADDRESS 1.3 STREET ADDRESS SOUTH MIAMI FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition Change 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITI F 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY -ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4-CITY-ST-ZIP

bes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an elemprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address.

alanlas

206 (412.62)

FILED