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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

ANNU	PORATION JAL REPORT 1997	Sec	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Secretary of State				
1. Corporation	MENT # K612 S 'N TASKETS, INC.									
Principal Place		Mailing Address	Mailing Address 241 MIRACLE MILE CORAL GABLES FL 33134-5907				()	4 , 119 17 919 11 1	ALBIN HARI	
241 MIRACLE I CORAL GABLES										
						3. Date Incorporated or Qualified 01/26/1989		of Last Re 5/1996	eport	
2. Principal Pl	lace of Business	2a. Mailing Address 26				4, FEI Number 65-0104112			plied For t Applicable	
Suite, Apt.	#, 6ta.	Suite: Apt. #, etc.	•			5. Certificate of Status Desired		\$8.75 A Fee Re		
City & State	9	City & State				Election Campaign Financing Trust Fund Contribution	Ф	\$5.00 Added t		
Zip 24	Country Zip 29			ountry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\begin{array}{c}\) No				
10 FF-10		Current Registered Agent		81	Name	10. Name and Address of New Re	gistered Ag	jent		
	SS, JAY B. 1 S.W. 22ND ST.			\Box						ļ
	MI FL 33145			82	Street Add	ress (P.O. Box Number is Not Acceptab	·le)			
				83						Ì
				84	City		FL	85 Zip (Code	ĺ
11. Pursuant l	to the provisions of Sections	607.0502 and 607.1508, Florida Si	atutes, the	above	named corp	poration submits this statement for the p		hanging it	s registered	
office or re agent. I as	egistered agent, or both, in the mitamiliar with, and accept the	he State of Florida, Such change w he obligations of, Section 607.0508	ras authoriz i, Florida Sta	ed by atutes.	the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	it the appoi	ntment as	registered	
SIGNATURE									·	
12.	Signature typed or pinked name of reg OFFICE	ERS AND DIRECTORS	(NOTE: Register		t signature requi	Ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND D	DIRECTOR	S IN 12	 {
TITLE	D	DELETE						Change	Addition	5
NAME	SGUROS, JOANNA		1.2	NAME	1				'	1
STREEL ADDRESS	2801 FREEMAN ST.		1.3	1.3 STREET ADDRESS						S
City - S) - ZiP	MIAMI FL.	C or ere		1.4 CITY-ST-ZIP				100	TT	ķ
TITLE	DAHMS, CONCETTA	US CONCETTA					L	Change	Addition	ľ
NAME STREET ADORESS	2801 FREEMAN ST.			2.2 NAME 2.3 STREET ADDRESS						ł
CHY-ST-7/P	MIAMI FL			CITY-SI						Į
THLE	· · · · · · · · · · · · · · · · · · ·	DELETE		3.1 TITLE			ī	Change	Addition	
NAME			3.2	NAME						
STREET ADDRESS			1		ADDRESS				١	
C(1Y+\$1-ZIP	·	C) prietre		CITY-S	I-ZIP			7.05	1 1445	ļ
TAILE		☐ DELETE	•	TITLE			L	_ Change	Addition	l
NAME STREET ADDRESS				NAME	ADDRESS					1
City-St-7iP										ļ
TITLE				4.4 CITY-ST-ZIP 5.1 TITLE			[Change	Addition	
NAME			5.2	NAME	. •					
STREET ADDRESS			5.3	STREET	ADDRESS					
CITY - \$1 - 70°	 	· · · · · · · · · · · · · · · · · · ·		CITY-ST	- ZIP			 -		
THE		☐ DELETE	•	TITLE			Ĺ	Change	Addition	
NAME				NAME						
STREET ADDRESS			1		ADDRESS					1
CITY-ST-Zi ^{cy}			64	CITY-ST	-2112					1

I do hereby 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 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.

FILED

Apr 10 1997 8:00am

0182497