PROFIT CORPORATION ANNUAL REPORT 1998			FTE	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						FILED Jan 15 1998 8:00am Secretary of State						
1. Corporation 643-57 Principal Place	MENT # INCOLN   De of Business MERIDIAN AVE.	ROAD, INC.	Ma	(4)  Juling Address  143 NORTH MERIDIA	ANI AVE											
MIAMI BEACI	H FL 33140		M	IAMI BEACH FL 331						Date Incorpo 03/21/198	rated or Q		E IN THIS	SPACE	<u>.                                    </u>	
<u>├</u>	lace of Busines	is O	$\vdash$	Mailing Address					4. 1	FEI Number				-		plied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.   27					65-0107973 <b>5.</b> Certificate of Status Desired □				Not Applicable \$8.75 Additional Fee Required			
City & State 23				City & State						Election Cam Trust Fund C		_		\$5	5.00	May Be o Fees
Zip	Country 25			Zip 30			Country			This corporat Personal Prop	ion owes c	or has pa			ar Inta	<del></del>
	9. Name ar	d Address of Current	Regist	ered Agent						Name and A						
LE	WIS, SYDNEY	•				81	N	ame							-	
344	43 N. MERIDI	an avenue				82	S	treet Addr	ress (P.	O. Box Numb	er is Not A	Acceptab	nle)			
M#	ami beach f	L 33140								O. DOX HOUSE		посред	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
						83										
						84	-	ity					FL	85	Zip (	
11. Pursuant office or r agent, I a	to the provision registered agen im familiar with,	s of Sections 607.0502 t, or both, in the State c and accept the obligat	and 60 f Florid ons of,	7.1508, Florida Sta a. Such change wa Section 607.0505,	atutes, t as autho , Florida	he above prized by Statutes	e-na y the s.	med corp e corporat	ooration tion's bo	submits this pard of direct	statement ors. I herei	for the p by accep	ourpose of the app	f chang ointme	ging its int as i	registered registered
SIGNATURE	<u> </u>															
12.	Signature, typed or i	orinted name of registered agent OFFICERS AND			NOTE, RES	13.	ent s/g	nature requir		einstating) DDITIONS/CI	ANGES T	O OFFIC	DATE CERS AND	DIREC	CTOR	S IN 12
TITLE	PSD	, .		DELETE		1.1 TITLE								☐ Ch	_	☐ Addition
NAME	LEWIS, SY	DNEY				1.2 NAME										
Street Address	3443 N.ME					1.3 STREET	ADDI	RESS								
CITY - ST - ZIP	MIAMI BEA	CH FL 33140		[ ] est est.		1.4 CITY - S	T-ZIF	,								
TITLE				☐ DELETE	ı	2.1 TITLE								L Cha	ange	Addition
NAME STREET ADDRESS						2.2 NAME		oree								
CITY-ST-ZIP						2.3 STREET 2. 4 CITY - S		1								
TITLE				☐ DELETE		3.1 TITLE	J. <u>L</u> i							Ch	ange	Addition
NAME						3.2 NAME										
STREET ADDRESS						3.3 STREET	ADD	RESS								
CITY-ST-ZIP						3.4. CITY - S	ST- ZII	P								
TITLE				☐ DELETE		4.1 TITLE								∐ Cha	ange	Addition
NAME STREET ADDRESS						4. 2 NAME	٨٥٥٠	oree								
CITY-ST-ZIP					1	4.3 STREET 4.4 CITY - ST										
TITLE				☐ DELETE	-	4.4 CITTLE	, - ZIP							☐ Cha	inge	Addition
NAME						5.2 NAME									-	_
STREET ADDRESS						5.3 STREET	ADDE	BESS								

14. I 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.

SIGNATURE:

SIGNATURE: 3055311967 SIGNATURE:

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

\_\_\_ Change

Addition

6.1 TITLE

6.2 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME