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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

## Feb 17 1998 8:00am Secretary of State

**FILED** 

1998			DIVISION OF	DIVISION OF CORPORATIONS		Scordiary of State		
	MENT #   DOT CAY, CORI	<b>&lt;76145</b>	(7)			 		(1 <b>8</b> 141) ( <b>118</b> )
Principal Place of Business Mulling Address				ess				
9350 S. DIXIE HWY.			9350 S. DIXIE HWY.					
SUITE 1260 MIAMI FL 33156		\$U	SUITE 1260 MIAMI FL 33156			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
		MI						
		r ac no	T &			03/23/1989		
2. Principal Place of Business		- t - 1	28. Mailing Address			4. FEI Number 65-0120045	<u> </u>	pplied For of Applicable
Suite, Apt #, etc		and the second second	Suite, Apt. #, etc.					Additional
22		[27]				6. Certificate of Status Desired		Required
City & State		[28]	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country			Zip	Country	<del></del>	This corporation owes or has paid the corporation of the corporat		
24	25	[29]		30		Personal Property Tax due June 30.	Yes [	□ No
		lress of Current Registe	ered Agent	81	Name	10. Name and Address of New Registere	d Agent	
	CHET, IRA 50 S DIXIE HWY							
STE 1260			82 Street Ad		Street Add	dress (P.O. Box Number is Not Acceptable)	,	
	MI FL 33156			83				
				84	City		. 85 Zip	Code
<b>11</b> Dura cont	The second of Co	alia alia kali mina aratico	Z 11 /19 Elocato Chat	itos the about	o pamed ou	F	Ci changing I	to registered
	egistered agent, or be m familiar with, and o	oth, in the State of Bonds deept the obligations of,	r Such change was Section 607.0505, F	authorized by Torida Statutes	the corpora 3.	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as	registered
	Bogsodicke, typicalise printed in	non of true ten disspect and the d			nt signature requ	uired when reinstating) DATE		
12.	OFFICERS AND D		IORS DELFTE	13.	т	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR  Change	RS IN 12
NAME	SOCHET, IRA		<u> </u>	1.2 NAME	Ì			
STREET ADDRESS 9350 S DIXIE HWY STE 12		WY STE 1260	0		ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-S	T-ZIP			
TITLE			DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS				2 2 NAME 2 3 STREET	ADDRESS			
CITY-ST-ZIP				2 4 CITY-5	ì			
TITLE			C) OLLTE	3 1 THLE			☐ Change	Addition
NAME				3 2 NAME	İ			
STREET ADDRESS				3.3 STREET				
CITY-ST-ZIP TITLE		***	DELETE	3.4. GITY - 5 4.1 TITLE	it-2IP		Change	Addition
NAME			EJ WITH	4. 2 NAME			C) Onlings	roamon
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY-S	T-ZIP			
TITLE			☐ DELETE	5.1 TITLE		·	Change	Addition
NAME				5 2 NAME				
STREET ADDRESS				53 STREET 54 CITY-S				
CITY - ST - ZIP TITLE			DELETE	61 TITLE	1-218		Change	Addition
NAME				6 2 NAME			-	
STREET ADDRESS				6 3 STREET	ADDRESS			
CHY-S1-ZiP				6.4 CITY - S			· · · · · · · · · · · · · · · · · · ·	····
STREET ADDRESS City+St+Zip	ertify that the informa	tion supplied with this file	ng does not qualify	6 3 STREET 6.4 CITY - S	T- ZIP	n Section 119.07(3)(i), Florida Statutes. I further	certify that the	ir

execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: