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04-09-1999 90071 050 ***150.00

Mailing Address

1455 NW 107TH AVE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L09305

1. Corporation Name

Principal Place of Business 1455 NW 107TH AVE

CITY-ST-ZIP

SOUTH MIAMI VENTURE, INC.

US Delicoprovided or Qualifor OB/14/1989 2. Principal Place of Business 2. A Mailing Address 3. Fell Number 21 26 36 4, Fell Number 22 36 56 4, Fell Number 35 56 4, Fell Number 35 56 4, Fell Number 35 56 57 4, Fell Number 35 57 4, Fell Number 36 57 4, Fell Number 37 57 5, Additional Face Required 38 7, Fell Number 39 7, Fell Number 30 7, Fell Number 31 7, Fell Number 32 7, Fell Number 33 7, Fell Number 34 7, Fell Number 35 7, Fell Number 36 7, Fell Number 37 7, Fell Number 38 7, Fell Number 39 7, Fell Number 30 7, Fell Number 31 7, Fell Number 31 7, Fell Number 32 7, Fell Number 34 7, Fell Number 35 7, Fell Number 36 7, Fell Number 37 7, Fell Number 38 7, Fell Number 39 7, Fell Number 30 7, Fell Number 31 7, Fell Number 31 7, Fell Number 32 7, Fell Number 33 7, Fell Number 34 7, Fell Number 35 7, Fell Number 36 7, Fell Number 37 7, Fell Number 38 7, Fell Number 38 7, Fell Number 39 7, Fell Number 30 7, Fell	SUITE 472		SUITE 472					DO NOT WRITE IN THIS SPACE		
Principal Place of Business 2a, Malling Address 4, FEI Number Applied For	MIAMI FL 33172			MIAMI FL 33172						
2. Principal Place of Business 2a. Mailing Address 25	US				US .					
Suite, Apt. F. etc.										
Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 City & State 29 City & State 21 City & State 21 Country 22 Zip Country 22 Zip Country 25 Zip Country 26 Size Country 27 Zip Country 28 Size Country 29 Name and Address of Current Registered Agent 9, Name and Address of Current Registered Agent 9, Name and Address of New Registered Agent 10, Name and Address of New Registered Agent 11, Name and Address of New Registered Agent 12, Size Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607.4508, Florida Statutes, the above-instead corporation submits this statement for the purpose of changing its registered deficion engiated significant of provisions of Sections 607 0502 and 607.4508, Florida Statutes, the above-instead corporation submits this statement for the purpose of changing its registered deficion engiated significant of provisions of Sections 607 0505 Florida Statutes, the above-instead corporation submits this statement for the purpose of changing its registered deficion engiated significant in the purpose of changing its registered deficion engiated significant in the purpose of changing its registered deficion engiated significant in the purpose of changing its registered deficion engiated significant in the purpose of changing its registered deficion engiated significant in the purpose of changing its registered deficion engiated significant in the purpose of changing its registered deficion in the purpose of changing it	2. Principal Pl	lace of Business	<u> </u>	Mailing Address				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
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9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 11, Name and Address of New Registered Agent 12, Name and Address of New Registered Agent 13 Name 1455 NW 107TH AVE SUITE 454 MIAMI FL 33172 14, Passuant to the provisions of Sections 607,0502 and 607,1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florids Statutes, brief agent ag									This corporation owes the current year Intangible //	
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SUITE 454 MIAMI FL 33172 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. In hereby accept the appointment as registered agent ag								Street A	Address (P.O. Box Number is Not Acceptable)	
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11. Pursuant to the provisions of Sections 607,1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes, such as the state of Florida Statutes and submits and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PO GHASEMLOIAN, MASOUD MAX STREET ADDRESS CITY-ST-ZP MIAMI FL DELETE 21 TITLE DELETE 21 TITLE DELETE 21 TITLE DELETE 21 TITLE DELETE 31 T	1		83				j			
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida, Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, if am formilar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE PD GHASEMLOIAN, MASOUD MAX 12. NAME STREET ADDRESS CITY-ST-ZP MIAMI FL DELETE 21. TITLE DELETE 31. TITLE Change Addition Addition AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Addition Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DELETE 21. TITLE DELETE 21. TITLE DELETE 31. TITLE Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Addition Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES	MIAMI FL 33172					ŀ	84	Citv	85 Zip Code	
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12.	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
12.	SIGNATURE	Signature, typed or prin	nted name of registered agent a	nd title if ap	pplicable. (NOTE	: Registered	Agen	t signature re	required when reinstating) DATE .	
TITLE	057,000					13.	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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COURTEST ADDRESS A	[NAME					6.2 NA	ME			
	STREET ADDRESS					6.3 ST	REET	ADORESS		

14. 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, with all other like empowered.

6.4 CITY-ST-ZIP