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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L48164** **(2)**

1. Corporation Name
4481 N. W. 185 ST., INC.

Principal Place of Business
1201 S. OCEAN DR.
#219 SOUTH
HOLLYWOOD FL 33019
US

Mailing Address
1201 S. OCEAN DR. #219-S
#219 SOUTH
HOLLYWOOD FL 33019-2121
US

3. Date Incorporated or Qualified: **02/07/1990**
3a. Date of Last Report: **02/19/1996**

2. Principal Place of Business
21 1201 S. Ocean Drive
Suite, Apt. #, etc.
22 # 2006 - South
City & State
23 Hollywood, FL. 33019
Zip 24 33019
Country 25 U.S.A

2a. Mailing Address
26 1201 So. Ocean Drive
Suite, Apt. #, etc.
27 #2006 - South
City & State
28 Hollywood, FL.
Zip 29 33019
Country 30 U.S.A.

4. FEI Number: **59-3056245** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
ARIAS, MARGUERITE
1201 S. OCEAN DR.
#219 SOUTH
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent
81 Name: MARGUERITE ARIAS
82 Street Address (P.O. Box Number is Not Acceptable): 1201 S. OCEAN DR.
83 #2006-South
84 City: Hollywood FL 85 Zip Code: 33019

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Pres. / MARGUERITE ARIAS 2/7/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ARIAS, JACK	
STREET ADDRESS	1201 S OCEAN DR, #219-SO	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	PD	☐ DELETE
NAME	ARIAS, MARGUERITE	
STREET ADDRESS	1201 S OCEAN DR, #219-SO	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☐ Addition
1.2 NAME	ARIAS, JACK	
1.3 STREET ADDRESS	1201 So. Ocean Drive #2006-South	
1.4 CITY-ST-ZIP	Hollywood, FL. 33019	
2.1 TITLE	P D	☐ Change ☐ Addition
2.2 NAME	ARIAS, MARGUERITE	
2.3 STREET ADDRESS	1201 So. Ocean Drive #2006-South	
2.4 CITY-ST-ZIP	Hollywood, FL. 33019	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. 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.

SIGNATURE: Pres. MARGUERITE ARIAS 2/7/97 (954) 920-9530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #