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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L99816 (5)

1. Corporation Name
4417 N.W. 185 STREET, INC.

Principal Place of Business
1201 S OCEAN DR
UNIT 219 S
HOLLYWOOD FL 33019

Mailing Address
1201 S OCEAN DR
UNIT 219 S
HOLLYWOOD FL 33019-2134



3. Date Incorporated or Qualified 09/14/1990
3a. Date of Last Report 01/30/1996

2. Principal Place of Business
21 1201 S. Ocean Drive
Suite, Apt. #, etc.
22 # 2006-South
City & State
23 Hollywood, FL.
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 USA.

4. FEI Number 59-3056239
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
UNIT 219 S
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 So. Ocean Drive
83 # 2006-South
84 City Hollywood, FL. 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 *Marguerite Arias* MARGUERITE ARIAS 2/1/97
Signature of individual or principal officer of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ARIAS, MARGUERITE	
STREET ADDRESS	1201 S OCEAN DR #219 S	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARGUERITE ARIAS	
1.3 STREET ADDRESS	1201 So. Ocean Drive #2006-SO.	
1.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33019	
2.1 TITLE	ARIAS, JACK VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1201 So. Ocean Dr. #2006-South	
2.4 CITY-ST-ZIP	Hollywood, FL 33019	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Marguerite Arias* MARGUERITE ARIAS 2/1/97 (954) 920-9530
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)