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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

M03993

(6)

Mar 04 1998 8:00am Secretary of State

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Principal Place of Bus	iness	Mailing Address		a semenaria sire marana sireka sireka italian salika sirek	AIRTT BIRTT BIRTT BIRTT BIRTT BIRTT (168)
4300 SW 72ND AVENUE MIAMI FL 33155 US		4900 SW 72ND AVENUE MIAMI FL 33155 US		DO NOT WRITE I	N THIS SPACE
		00		3. Date incorporated or Qualified	THIO OFFICE
				08/15/1984	
2. Principal Place of E	Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2440596	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation owes or has paid Personal Property Tax due June 3	
9. Na	ame and Address of Currer			10. Name and Address of New Regi	
NALL, ROI	BERT WAYNE		81 Name		
4900 SW 72ND AVENUE		82 Street Addre	ess (P.O. Box Number is Not Acceptable	\	
MIAMI FL 33155			Oli est Addit	633 (1.O. DOX NOMBEL IS NOT ACCEPTABLE	,
			83		
			84 City		85 Zip Code
					FL i i
11. Pursuant to the pro	ovisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-named corp	oration submits this statement for the pur	pose of changing its registered
agent. I am familia	r with, and accept the obliga	ations of, Section 607.0505, Flo	rida Statutes.	ion's board of directors. I hereby accept	the appointment as registered
SIGNATURE					
Signature, t	yped or printed name of registered age		Registered Agent signature require		DATE
TITLE PD	OFFICERS ANI	DELETE	13.	ADDITIONS/CHANGES TO OFFICE	
I '-	L, ROBERT W.	□ occesie	1,2 NAME		☐ Change ☐ Addition
	SW 72ND AVENUE		1.3 STREET ADDRESS		İ
	Al FL 33155		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME		_	2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	,	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		·
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP					
			3.4. CITY-ST-ZIP		
TITLE		DELETE	8.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE NAME		☐ DELETE			Change Addition
		DELETE	4.1 TITLE		Change Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
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4. 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 chapter, or on an attachment with an address.

Monature (Mart (1) /1/1/1

ROSERT W. Nall

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