PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #

(7)

Apr 06 1998 8:00am

Secretary of State

4-6-00

COLUN	IRIA HEAI	LIY COHP.										
Principal Place	e of Busines:		Mailing	Mailing Address					\ *********************	OOL BLEIL BROEF	#IEIL DIOLE BIOI	
18400 WEST NORTH MIAM US			18400 WEST DIXIE HWY . STE D NORTH MIAMI BEACH FL 33160 US					DO NOT WRIT	E IN THIS:	SPACE		
			•					3.	Date Incorporated or Qualified 06/05/1985			
2. Principal P	lace of Busin	iess	2a. Mail	ing Address				4.	FEI Number		Ar	oplied For
21		26	26					59-2680757		No	ot Applicable	
Sulte, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				5	Certificate of Status Desired		\$8.75	Additional	
22		27	· · · · · · · · · · · · · · · · · · ·					Definioale of States Desired		Fee Re	beriupe	
City & State	Э	´	City & State				6.	Election Campaign Financing	_	\$5.00		
23			28						Trust Fund Contribution		Added	
Zip	-	Country	Zip		<u> </u>	untry		8.	This corporation owes or has p			tangible ☑ No
24		25 and Address of Curre	29	Agent	30	1		10.	Personal Property Tax due Jun Name and Address of New R			-140
14			one tropictore	A.gom	· · · · · · · · · · · · · · · · · · ·	81	Name					
	NE, PAUL J	i. Dixie hwy suite d										
	100 WEST 1 E: -10 0	DIVIE UALL SOLLE D				82	Street /	Address (P	P.O. Box Number is Not Accepta	able)		
		ALE FL 33309				83		······································				
Į ri.	LAUDERU	WIE LE 22208										
į		_	•			84	City			FL	85 Zip (Code
11. Pursuant	to the provisi	ions of Sections 607.05	02 and 607.15	08, Fiorida Sta tu	ites, the a	bove	e-named	corporatio	on submits this statement for the board of directors. I hereby acce			ts registered
office or n	egi stere d ag m f am iliar wi	ent, or both, in the Stal th, and accept the obli	te of Florida, St gations of Sec	ich change was tion 607.0505. F	authorize Jorida Sta	ed by states	the corp	poration's b	poard of directors. I hereby acce	ept the app	ointment as	registered
	111 I G 11111/031 411	iri and adoopt and opin	ga 0., 200		10.104 010							{
SIGNATURE	Signature, typed	or printed name of registered a	gent and little If application	able (NC	DTE: Register	ed Age	nt signature	required when		DATE		
12.		OFFICERS A	ND DIRECTOR		13.		,		ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	D			DELETE	1.11	ITLE					Change	☐ Addition
NAME		WSKY, HOWARD	_		1.21	IAME						
STREET ADDRESS		V. DIXIE HWY., STE.	D		1.3 5	STREET	ADDRESS					İ
CITY-ST-ZIP	N. MIAN	II BCH. FL			_	CITY-S	T-ZIP				110	11.466.
TITLE				☐ DELETE	2.11							☐ Addition
NAME					4	IAME						1
STREET ADDRESS					1		ADDRESS					-
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NAME					1	IAME					வரை	
STREET ADDRESS							ADDRESS					-
CITY-ST-ZIP						CITY-S	- 1					
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NAME						NAME					~	
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NAME					5.2 1	IAME						
STREET ADDRESS					5.3 9	STREET	address					
CITY-ST-ZIP					5.4 (OFY-S	T-ZIP					
TITLE				DELETE	6.1 1						Change	Addition
NAME					6.2 1	IAME						
STREET ADDRESS	٠.				6.3 9	STREET	address					
CITY-ST-7IP					648	HTY-S	1-7IP					

14. I 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.

HOWARD Shidlowsky