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

DOCUI 1. Corporatio	MENT .	# M2	22387	(3	8)							
			H. ZOBERG	i. P.A.	·							
2,		,								A 81611 61811 61		(
							, <u></u>					
Principal Place of Business				Mailing Address						* 6.6., 6.5., 6.	*** ***** ****	
C/O DAVID H. ZOBERG				C/O DAVID H. ZOBERG								
8367 BIRD RD. Miami Fl 33155				8367 BIRD RD. Miami Fl. 33155					DO NOT WRITE IN THIS SPACE			
mirtimi 1 C 00	100			W. (18) 7 2 30100					3. Date Incorporated or Qualified			
									10/24/1985			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			plied For
21				26					59-2596093			ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A	
City & State				City & State					6. Election Campaign Financing		\$5.00	
23			2	28				Trust Fund Contribution		Added t		
Zip		Country		Zip		Country			8. This corporation owes or has pai-	d the curre	nt year Int	angible
24		25		9	30]			Personal Property Tax due June] No
	9. Name a	and Address	of Current Re	gistered Agent					10. Name and Address of New Reg	pistered Aç	jent	
	BERG, DAV					81	Name					
8367 B IRD RD.							Street /	Addres	ss (P.O. Box Number is Not Acceptabl	le)		.,.,
MIAMI FL 33155												
						83						
							City			FL	85 Zip (Code
11. Pursuani	to the provision	ons of Sectio	ns 607.0502 an	d 607.1508. Florid	la Statutos.	the above	e-named	corpo	ration submits this statement for the po	urgose of c	hanging it	s registered
office or r	registered age	ent, or both, i	n the State of Fl	orida. Such chan	ge was auth 1505, Florid	norized by	the corp	oratio	n's board of directors. I hereby accep	t the appoi	ntment as	registered
SIGNATURE	irri i gi riilica eria	n, and accor	i ino obligation	3 01, 00000011 001 1	3000, 1 10110	o otololo	<i>.</i>					
SIGNATURE	Signature, typed o		registered agent and		(NOTE: R		ant signature	required	when reinstating)	DATE		
12.	86	OFF	ICERS AND DI	RECTORS DE	FTC	13.			ADDITIONS/CHANGES TO OFFICE		DIRECTOR Change	S IN 12 Addition
TITLE	PD	, DAVID H.		☐ DE	LEIE	1.1 TITLE 1.2 NAME					Change	L AUGRIUM
NAME Street address	8367 BIF						1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FI					1.4 CITY - 9						
TITLE	77.17.			DC	l.ETE	2.1 TITLE	.,			[.	Change	Addition
NAME						2.2 NAME						
STREET ADDRESS						2.3 STREE1	ADDRESS					
CITY-ST-ZIP						2. 4 CITY -	ST - ZIP			· · · · · · · · · · · · · · · · · · ·		
TITLE				LJ ĐE	LETE	3.1 THTLE				L	Change	Addition
NAME						3.2 NAME						
STREET ADDRESS						3.3 STREET						
CITY-ST-ZIP TITLE	<u></u>			DE	FTF	3.4. CITY - 5 4.1 TITLE	SI-ZIP			Т	Change	Addition
NAME				L., 00	CETE	4. 2 NAME				<u> </u>	vilange	
STREET ADDRESS						4.3 STREET	ADDRESS					
CITY-ST-ZIP						4.4 CITY - S						
TITLE				☐ DE	LETE	5.1 TITLE				[.	Change	Addition
NAME						5.2 NAME						
STREET ADDRESS						5.3 STREET	ADDRESS					
CITY-ST-ZIP						5.4 City - S	1 - ZIP			-		
TITLE				☐ DE	LETE	6.1 TITLE				L	Change	Addition
NAME						6.2 NAME						
STREET ADDRESS						6.3 STREET						
CITY-ST-ZIP	l					6.4 CITY - 9	T-ZIP					

14. Thereby 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.

Jan 28 1998 8:00am

Secretary of State