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 # 1. Corporation Name

(9)

3121 COMMODORE CORP.

FILED Feb 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
,				3121 COMMODORE PLA	21 COMMODORE PLAZA #303			
MIAMI FL 33133			MIAMI FL 33133					
								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
2. Principal Place of Business				2a. Mailing Address				10/01/1986 4. FEI Number Applied For
21			26					59-2738814 Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				60 75 1 mg
22			27					5. Certificate of Status Desired Fee Required
City & State			City & State				·	Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution Added to Fees
Zip	— — ·		├──┐ ´		untry		8. This corporation owes or has paid the current year Intangible	
24 25 25 P. Name and Address of Current R				29 30				Personal Property Tax due June 30. Yes No
4.45			педі	stered Agent		81	Name	10. Name and Address of New Registered Agent
LAFONTISEE, LOUIS L JR							1401110	
3121 COMMODORE PLAZA						82	Street Ad	dress (P.O. Box Number is Not Acceptable)
SUITE 301 Miami FL 33133						83		
MIKA	WII FE 3313	3				Ш		
						84	City	FL 85 Zip Code
11. Pursuant t	to the provisio	ns of Sections 607.0502	and I	607.1508, Florida Statut	es, the a	bove	-named co	reporation 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute:							the corpor	ation's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Regist						d Age	nt signature req	guired when reinstating) DATE
12.		OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P			☐ DELETE	1.1 T	TLE	i	Change Addition
NAME KOROGLU, HAKKI				1.2 N/		AME		
STREET ADDRESS	BALARAI PI			1.3 ST		TAEET	ADDRESS	
CiTY-ST-ZIP	MIAMI FL		· - · · · · ·	T per ese	_	ITY-SI	T- ZIP	
TITLE	VS KODOCII	LOWING		☐ DELETE	2.1 11			☐ Change ☐ Addition ☐
NAME	KOROGLU, RANDIE			2.2 N				
STREET ADDRESS	ANASAI PI						ADDRESS	:
CITY-ST-ZIP TITLE	MININI FL			☐ DELETE	2. 4 C	ITY - S	T-ZIP	Change Addition
NAME				DECERE				Cualife T Addition
STREET ADDRESS					3.2 N	_	ADDRESS	
CITY-ST-ZIP								
TITLE		······································		☐ DELETE	4,1 TI	ITY-S TLE	1-£IF	☐ Change ☐ Addition
NAME				<u></u>	4.2 N			
STREET ADDRESS				4.3 STREET ADDRESS				
CITY-ST-ZIP					4.4 CITY-ST-ZIP			
TITLE	78			☐ DELETE	5.1 TO		-"	☐ Change ☐ Addition
NAME					5.2 N/	AME		
STREET ADDRESS					1		ADDRESS	
CITY-ST-ZIP	_				5.4 CI			
TITLE	-		· ·	DELETE	6.1 TI			☐ Change ☐ Addition
NAME					6.2 N	ME		
STREET ADDRESS					6.3 ST	REET /	ADDRESS	
CITY-ST-ZIP						6.4 CITY-ST-ZIP		
14 I hereby or	ertify that the	information supplied with	thic	films does not qualify to	r the eve	mnt	on etated is	a Section 119 07/3/(i) Florida Statutes I further certify that the information

indicated on this annual report or supplied with this hing does not quality 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.