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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| DOCUMENT # M4384 COORDOON NAME OF THE PROPERTY | 0 (1) | | | 1 2000 0000 0000 0000 Jac |
|--|---|--|---|---|
| Principal Place of Business | Mailing Address | | | i gyddi gyddy Bibyy Didio 1001 |
| 9990 SW 77 AVE | 9990 SW 77 AVE | | | |
| STE 402 | STE 402 | | | |
| MIAMI FL 33156 | MIAMI FL 33156 | | DO NOT WRITE IN THIS | SPACE |
| | | | 3. Date Incorporated or Qualified | |
| A Dischart Diagram | 2a. Mailing Address | | 12/24/1986 | |
| 2. Principal Place of Business | ⊢ ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° | | 4. FEI Number | Applied For |
| Suite, Apt. #, etc | 26 Suite, Apt. #, etc. | | 59-2756628 | Not Applicable \$8.75 Additional |
| 22 | 27 | | 6. Certificate of Status Desired | Fee Regulred |
| City & State | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | 28 | | Trust Fund Contribution | Added to Fees |
| Zip Country | Zφ | Country | 8. This corporation owes or has paid the cur | · · · · · · · · · · · · · · · · · · · |
| 24 25 | | 30 | | Yes No |
| 9, Name and Address of Currer | | 941 11 | 10. Name and Address of New Registered | Agent |
| ATLANTIS REGISTERED AGENTS II | VC | 81 Name | | |
| 25 SE 2ND AVE #919 | | 82 Street Add | dress (P.O. Box Number is Not Acceptable) | |
| % GERALD DAMSKY | | 83 | | |
| MIAMI FL 33131 | | 03 | | |
| | | 84 City | FL | 85 Zip Code |
| 11 Pursuant to the provisions of Sections 607 050 | 2 and 607 1508 Florida Statute | es the shove-named cor | | f changing its registered |
| Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig. | of Florida. Such change was a | authorized by the corpora | ation's board of directors. I hereby accept the app | pointment as registered |
| | | riua Statoles. | | |
| SIGNATURE Signature, typod or printed name of registered age | HOAS and this in shift box an | Registered Agent signature requ | uired when reinstating) DATE | |
| SIGNATURE Signature, typod or printed name of registerior age. 12. OF FICERS ANI | int and title if applicable (NOTE D DIRECTORS | Registered Agent signature requ | | D DIRECTORS IN 12 |
| SIGNATURE Signature, typod or printed name of registered age 12. OFFICERS ANI TITLE CD | HOAS and this in shift box an | 13. | uired when reinstating) DATE | |
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| SIGNATURE Signature, typod or printed name of registerior ego 12. OFFICERS ANI TITLE CD NAME BURGER, ALVIN STREET ADDRESS 9990 SW 77 AVE STE 402 | int and title if applicable (NOTE D DIRECTORS | Registered Agent aignature requirements 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS | uired when reinstating) DATE | D DIRECTORS IN 12 |
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14. Thereby certify that the Information supplied with this filling 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 frue 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:

FILED

Mar 19 1998 8:00am

Secretary of State