

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 # M53447 (2)
1. Corporation Name
381120 CORPORATION, INC.

FILED

98 MAY -1 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1235 ST RD 7
HOLLYWOOD FL 33024
US

Mailing Address
~~G/O ATTORNEY R. ROSSI~~
~~1700 E LAS OLAS BLVD. PENTHOUSE III~~
~~FT. LAUDERDALE FL 33301~~
~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

334.32 USA

3. Date Incorporated or Qualified
06/08/1987

4. FEI Number
59-2809663

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
INTERNATIONAL ESCROW AGENTS, INC.
1700 E LAS OLAS BLVD.
PENTHOUSE III
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 200
84 City
85 Zip Code

International Escrow Agents, Inc.
555 S. Federal Hwy
Boca Raton FL 33432

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* President 4/29/98
Signature of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PSTD	GARFINKEL, LINDA	1235 ST RD 7	HOLLYWOOD FL 33024	<input type="checkbox"/>
VP	KEUTHAN, GERALD	1235 STATE ROAD 7	HOLLYWOOD FL 33024	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5-1-98

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.

SIGNATURE *[Signature]* President 4-29-98

CR2E034 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 803697 7152554

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pizant

ORDER DATE : May 1, 1998

ORDER TIME : 12:08 PM

ORDER NO. : 803697-010

CUSTOMER NO: 7152554

CUSTOMER: Ms. Linda Garfinkel
L G Management Service, Inc.
14761 S.w. 74th Lane

Miami, FL 33158

ANNUAL REPORT FILING

NAME: 381120 CORPORATION, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

EXAMINER'S INITIALS: _____

RECEIVED
98 MAY -1 PM 1:56
DIVISION OF CORPORATION