## 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 # M63205

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| t ·  | on Name<br>GABD RE                         |          | STATE & MA               |                |                     | <b>-</b> )            |                 |                                |                  |                               |   |               |                                       |                    |              |
|--|--|----------|--------------------------|----------------|---------------------|-----------------------|-----------------|--------------------------------|------------------|-------------------------------|---|---------------|---------------------------------------|--------------------|--------------|
| Principal Place of Business Mailing Address                      |  |          |                          |                |                     |                       |                 |                                |                  |                               |   | iili Oldii Ol | .010 01011 01011                      |                    | 010141001    |
| ] `  |  |          |                          |                | 575 SAN IGNAC       | חני                   |                 |                                |                  | }                             |   |               |                                       |                    |              |
| 1575 SAN IGNACIO 1575 SAN IGNACIO SUITE 100 SUITE 100            |  |          |                          |                |                     |                       |                 |                                |                  |                               |   |               |                                       |                    |              |
| CORAL GABLES FL 33146 CORAL GABLES FL 33146                      |  |          |                          |                |                     |                       | į               |                                |                  | DO NOT WRITE IN THIS SPACE    |   |               |                                       |                    |              |
|  |  |          |                          |                |                     |                       |                 |                                |                  | 3.                            | Date Incorporated or Qualified 12/03/1987   |               |                                       |                    |              |
| 2. Principal (   | Place of Busi                              | ness     |                          | 28.            | 2a. Mailing Address |                       |                 |                                |                  | 4.                            | , FEI Number  |               |                                       | App                | lied For     |
| 21   |  |          |                          |                | 26                  |                       |                 |                                |                  | ļ                             | 65-0015029  |               |                                       |                    | Applicable   |
| Suite, Apl. #, etc.  |  |          |                          |                | Suite, Apt. #, etc. |                       |                 |                                | 5.               | Certificate of Status Desired |   | <b>+</b>      | 5 Ac                                  | iditional<br>uired |              |
| City & State   |  |          |                          |                | City & State .      |                       |                 |                                | ,                | 6.                            | Election Campaign Financing   |               | \$5.0                                 | 00 N               | lay Be       |
| 23   |  |          |                          |                | 28                  |                       |                 | <u></u>                        |                  |                               | Trust Fund Contribution   |               | Add                                   | ed to              | Fees         |
| Zip  |  | Country  |                          |                | Zip                 |                       |                 | Country                        |                  |                               | 8. This corporation owes or has paid the current year Intangible                        |               |                                       |                    |              |
| 24   | 25<br>9. Name and Address of Current       |          |                          |                | 29 30 30            |                       |                 |                                |                  |                               | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent |               |                                       |                    |              |
| D.   | AUMGARD.                                   |          |                          | nt negis       | resen Whent         |                       | 81              | Ι'n                            | lame             | 10.                           | , (tallio alla Addiass di Italia  | Bieroio       | Agoin                                 |                    |              |
|  |  |          |                          |                |                     |                       | 82              | _                              |                  |                               |   |               |                                       |                    |              |
| 1575 SAN IGNACIO #100<br>CORAL GABLES FL 33146                   |  |          |                          |                |                     |                       |                 | 8                              | street Addre     | ess (F                        | P.O. Box Number is Not Accepta  | ble)          |                                       |                    |              |
|  |  |          |                          |                |                     |                       |                 |                                |                  |                               |   |               | ,                                     |                    | .,,,,        |
|  |  |          | 84                       | C              | City                |                       |                 | FI                             | <b>85</b> Z      | Zip Co                        | ode   |               |                                       |                    |              |
| 11. Pursuant   | to the provis                              | sions c  | Sections 607.05          | 02 and 6       | 07.1508, Florida    | a Statutes,           | the above       | 9-n:                           | amed corpo       | oratio                        | on submits this statement for the board of directors. I hereby acceptant                |               | _ , .,,,,,                            | ng its             | registered   |
| agent. La  | am familiar w                              | ith, an  | d accept the obli        | gations of     | , Section 607.0     | 5 <b>0</b> 5, Florida | a Statutes      | S.                             |                  |                               |   | P             |                                       |                    | good         |
| SIGNATURE  | Signature, typed                           | or pont  | ed name of registered as | gent and title | if applicable       | (NOTE Re              | gislered Age    | nt s                           | gnature required | d when                        | n reinstating)  | DATE          | · · · · · · · · · · · · · · · · · · · |                    | <del>-</del> |
| 12.  |  |          | OFFICERS AI              | ND DIREC       | CTORS               |                       | 13.             |                                |                  | ,                             | ADDITIONS/CHANGES TO OFFI   | CERS AN       | ID DIRECT                             | ORS                | IN 12        |
| TITLE  | PST  |          |                          |                | ☐ DELETE            |                       |                 | 1.1 TITLE                      |                  |                               |   |               | ☐ Chang                               | ge                 | ☐ Addition   |
| NAME BAUMGARD, DANIEL L.   |  |          |                          |                | 1.2                 |                       |                 | 1.2 NAME                       |                  |                               |   |               |                                       |                    |              |
| STREET ADDRESS 1575 SAN IGNACIO #100                             |  |          |                          |                | 1.3                 |                       |                 | 1.3 STREET ADDRESS             |                  |                               |   |               |                                       |                    | 1            |
| CITY-ST-ZIP CORAL GABLES FL                                      |  |          |                          |                |                     |                       |                 | 1.4 CITY-ST-ZIP                |                  |                               |   |               |                                       |                    |              |
| TITLE  | D  |          |                          |                | ☐ DEL               | ETE                   | 2.1 TITLE       |                                | ļ                |                               |   |               | [_] Chang                             | ge                 | ☐ Addition   |
| NAME   |  | -        | DANIEL L.                |                |                     |                       |                 | 2.2 NAME                       |                  |                               |   |               |                                       |                    |              |
| STREET ADDRESS 1575 SAN IGNACIO #100 CITY-ST-ZIP CORAL GABLES FL |  |          |                          |                |                     |                       |                 | 2.3 STREET ADDRESS             |                  |                               |   |               |                                       |                    |              |
| CITY-ST-ZIP  | VD   | UAD      | UES PL                   |                | DE                  | r <del>ri</del>       | 2.4 CITY-ST-ZIP |                                |                  |                               |   |               | I Observ                              |                    | L Andreas    |
| TITLE  |  | ADD      | LODIA                    |                | ☐ DEL               | CIE                   | 3.1 TITLE       |                                | İ                |                               |   |               | ☐ Chang                               | 16                 | Addition     |
| NAME<br>ANDEST ADDRESS   | BAUMGARD, LORI A.<br>1575 SAN IGNACIO #100 |          |                          |                |                     |                       | 3.2 NAME        | 3.2 NAME<br>3.3 STREET ADDRESS |                  |                               |   |               |                                       |                    |              |
| STREET ADDRESS   | CORAL                                      |          |                          |                |                     |                       |                 |                                | - 1              |                               |   |               |                                       |                    |              |
| CITY-ST-ZIP<br>TITLE   | COINL                                      | <u> </u> | Œ3 TL                    |                |                     |                       |                 | 3.4. CITY-ST-ZIP 4.1 TiTLE     |                  |                               |   |               | Chang                                 | ne .               | Addition     |
| NAME   | }  |          |                          |                |                     |                       | 4. 2 NAME       |                                | }                |                               |   |               | المالو لي                             | 30                 |              |
| STREET ADDRESS   |  |          |                          |                |                     |                       | 4.3 STREET      | YD0                            | IDECC            |                               |   |               |                                       |                    |              |
| CITY-ST-ZIP  |  |          |                          |                |                     |                       | 4.4 City-S      |                                |                  |                               |   |               |                                       |                    |              |
| TITLE  | <del> </del>                               | -        |                          |                | ☐ DEŁ               | EŤE                   | 5.1 TITLE       | 1 - 23                         | <del>'   -</del> |                               |   |               | Chang                                 | ge                 | Addition     |
| NAME   |  |          |                          |                |                     | -                     | 5.2 NAME        |                                |                  |                               |   |               |                                       | •                  |              |
| STREET ADDRESS   | -  |          |                          |                |                     | ł                     | 53 STREET       | ΑΠΓ                            | rees             |                               |   |               |                                       |                    |              |
| CITY-ST-ZIP  |  |          |                          |                |                     |                       | 54 CITY-S       |                                |                  |                               |   |               |                                       |                    |              |
| TITLE  | <del></del>                                |          |                          | ··· ·          | ☐ DEL               | ETE                   | 61 TITLE        |                                |                  | <del>-</del>                  | <del> </del>  | <del></del>   | Chang                                 | ge                 | Addition     |
| NAME   |  |          |                          |                |                     |                       | 6.2 NAME        |                                |                  |                               |   |               |                                       |                    |              |
| STREET ADDRESS   |  |          |                          |                |                     |                       | 6.3 STREFT      | ADD                            | RESS             |                               |   |               |                                       |                    |              |
| CITY-ST-ZIP  | L  |          |                          |                |                     |                       | 6.4 CITY-S      | T - ZI                         | P                |                               |   |               |                                       |                    |              |

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 13 if changed, or on an attachment with an address.

CIONATUDE.

1/6/92

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**FILED** 

Jan 29 1998 8:00am

Secretary of State