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

PROFIT CORPORATION **ANNUAL REPORT** 1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED									
May 19 1998 8:00am									
Secretary of State									

1. Corporatio	MENT # M7420 ELAND OF BOCA RATON E		(O) c.								
Principal Plac	e of Business	Maitir	ng Address			-{ Ⅲ	DIDERI EKI KUBIK DIDER II		DAK BARAK BURUN BURUN 1		
1501 SW 5			501 SW 5TH CT.								
BAY C POMPANO BEACH FL 33069 US			BAY C. POMPANO BEACH FL 33069 US								
						DO NOT WRITE IN THIS SPACE					
			\$				corporated or Qua	alitied			
2 Principal P	face of Business	20 1/	failing Address			4. FEI Nun	29/1988			albad Faa	
			, Maining Address			65-0102415			h	Applied For Not Applicable	
21 26 Suite, Apt. #, etc.			Suite, Apt. #, etc.							Additional	
22 27			· ·			5. Certifica	ate of Status Desi	red 📙		equired	
City & State			City & State			6. Election	Campaign Finan	cina		May Be	
23	• _	28					ınd Contribution			to Fees	
Zip	Country	, Zi	ib.	Country	,	B. This cor	poration owes or	has paid the	current year In	tangible	
24	25	29		30			Personal Property Tax due June 30. Yes No				
	g, Name and Address of Currer	n Register	ed Agent		Now-	10. Name a	and Address of N	lew Register	red Agènt		
	IDEL, JORGE			9 01	Name /	STOR	SILBER	2			
1501 S.W. 5 COURT, BAY C				82	Street Addr	ress (P.O. Bax	Number is Not Ac		Anua		
P	OMPANO BEACH FL 33069			83	1501	sw_	544	<u></u>	BAYC		
				53	POH	PANO	BEACH	Fi	5306	9	
				, в4	City			<i>,</i>		Code	
44 Pursuant	to the provisions of Sections 607 050	2 and 607	1508 Florida Stat	utes the above	p-pamed corr	poration submit	e this statement to	or the purpos	o of changing it	to registered	
	to the provisions of Sections 607.050 egistered agent, or both, in the State of familia, with, and accopt the oblig	of lorida. Jons of, S	Such change was ection 607,0505, I	s authorized by Florida Statutes	the corporat s.	tion's board of	directors. I hereby	accept the	appointment as	registered	
SIGNATURE_	Signature, typed or printed name of registery's age	of as Cirlo if a	profession II	11F Bugisterum Aor	oul servature requir	red when reinstating)) DV.	16.		
12.	OFFICERS AN	- —— ·— · ·		13.	on agratare requi	-	NS/CHANGES TO			RS IN 12	
TITLE	PD		DELETE	1,1 TITLE					☐ Change	Addition	
NAME	SILBER, NESTOR			1.2 NAME							
STREET ADDRESS	1501 S.W. 5 COURT, BAY C			1.3 STREET ADDRESS							
CITY-ST-ZIP	POMPANO BEACH FL			1.4 CITY - S	T-ZIP						
TITLE	_VP		DELETE	2.1 TITLE					☐ Change	Addition	
NAME	BEATRIZ SILBER			2.2 NAME	2.2 NAME						
STREET ADDRESS	268 NW 104 AVE			2.3 STREET	ADDRESS						
CITY-ST-ZIP	CORAL SPRINGS FL			2.4 CITY-	ST-ZIP						
TITLE			L] DELETE	3.1 TITLE					L_] Change	Addition	
NAME				3.2 NAME							
STREET ADDRESS				3.3 STREET	1						
CITY-ST-ZIP TITLE			DELETE	3.4. CITY - S 4.1 TITLE	SI-ZIP				Change	Addition	
NAME			LJ OLLLIE	4.1 TILE 4.2 NAME					⊢ ∩igiige	AUGIRION	
STREET ADDRESS					2010004						
CITY-ST-ZIP				4.3 STREET							
TITLE			☐ DELETE	5.1 TOTLE	4.8				Change	Addition	
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREET	ADDRESS						
CITY-ST-ZIP				5.4 CHY-S							
TITLE			☐ DELETE	6.1 TITLE					Change	Addition	
NAME				6.2 NAME					•		
STREET ADDRESS				6.3 STREE1	ADDRESS						
CITY-ST-ZIP				6.4 CITY - S	T- 21P						
de Illianologia	- 118 - Ali - A Ali - I - I - I - I - I - I - I - I - I -	All All to A Com-		T - 1	C	0 110 03	VOVA) Florida Cua		*44 44		

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.