SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUP ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



M80064

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

(2)

DOCUMENT # CHECK-OUT CORP.

pg.10/2

97 JUL 17 PH 12: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address	E LABOLADOLO JOS (BEST) ADRICA DELLE BERT BERT BERT BERT BERT BERT BERT BER
3758 PRAIRIE AVE. 4014 CHASE AVE. MIAMI BEACH FL 33140 STE. 214 MIAMI BEACH FL 33140	DO NOT WRITE IN THIS SPACE
US	3. Date Incorporated or Qualified 3a. Date of Last Report
	05/10/1988 01/23/1996
2. Principal Place of Business 2a. Mailing Address	4. FEI Number Applied For
21 26	65-0108469 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
City & State City & State	6. Election Campaign Financing \$5.00 May Be
23 28	Trust Fund Contribution Added to Fees
Zip Country Zip Country	8. This corporation owes or has paid the current year Intangible
24 25 29 30	Personal Property Tax due June 30. 🔲 Yes 🔲 No
9, Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GENET, EVELYN B1 N	ame
ASEA BRAIDER AVELUE	reet Address (P.O. Box Number is Not Acceptable)
MIAMI BEACH FL 33140	tot radious (i.e. sox rainasi is tot radoptasis)
63	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sig	gnature required when reinstating) DATE
12. OFFICERS AND DIRECTORS 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PST DELETE 1.1 TITLE	☐ Change ☐ Addition
NAME GENET, EVELYN 1.2 NAME	2000022455628
STREET ADDRESS 3758 PRAIRIE AVE. 1.3 STREET ADDR	
CITY-ST-ZIP MIAMI BEACH FL 1.4 CITY-ST-ZIF	
TITLE DELETE 2.1 TITLE	☐ Change ☐ Addition
NAME 2.2 NAME	
STREET ADDRESS 2.3 STREET ADDR	RESS
CITY-ST-ZIP 2.4 CITY-ST-ZI	P
TITLE DELETE 3.1 TITLE	Change Addition
NAME 3.2 NAME	
STREET ADDRESS 3.3 STREET ADDR	RESS
CITY-\$1-ZIP 3.4. CITY-\$1-ZI	· · · · · · · · · · · · · · · · · · ·
TITLE DELETE 4.1 TITLE	Change Addition
**NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDR	
	RESS
	- `
CITY-ST-ZIP 4.4 CITY-ST-ZIF TITLE □ DELETE 5.1 TITLE	- `
CITY-\$T-ZIP 4.4 CITY-\$T-ZIF TITLE ☐ DELETE 5.1 TITLE	
CITY-ST-ZIP 4.4 CITY-ST-ZIF TITLE DELETE 5.1 TITLE NAME 5.2 NAME	Change Addition
CITY-ST-ZIP 4.4 CITY-ST-ZIF TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS	Change Addition
CITY-ST-ZIP 4.4 CITY-ST-ZIF TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY-ST-ZIF	Change Addition
CITY-ST-ZIP 4.4 CITY-ST-ZIF TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIF TITLE DELETE 6.1 TITLE	Change Addition
CITY-ST-ZIP 4.4 CITY-ST-ZIF TITLE DELETE 5.1 TITLE NAME 5.2 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIF TITLE DELETE 6.1 TITLE NAME 6.2 NAME	Change Addition RESS A. Allan Change Addition Addition
CITY-ST-ZIP 4.4 CITY-ST-ZIF TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIF TITLE DELETE 6.1 TITLE	Change Addition RESS A. Allan Change Addition Addition Addition

I do hereby denily that the information supplied with this falling does not quality for the exemption stated in section 1.19.0/(3)(i). Florida Statutes. Florina 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 trusteen-mpowered 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.

pg.2012

E. M. B. Genet

4014 Chase Avenue, Suite 214 Miami Beach, FL 33140 Tel/Fax (305) 531-1332

July 15, 1997

Department of State
Division of Corporations
Annual Report Department
P.O. Box 6327
Tallahassee, FL 32314

Re: CHECK-OUT CORP FEI # 65-0108469

Gentlemen,

I did not receive my annual report packet in January 1997, when I was told that it went out, I called the Department of State and was informed to write to you and explain that I received the 2ND NOTICE but not the first, and to send you a check of \$165 which is enclosed.

Also, please remove 3758 Prairie Avenue, Mia.Bch. FL 33140 from the address. It is changed to:

4014 Chase Aveneue Suite 214 Miami Beach, FL 33140

Thank you for your attention and cooperation in regards to this matter.

Sincerely

E,M.B. Genet

P.S.

Re: 4111 Holiday Corp FEI # 65-0058112

The address is incorrect.

Please change to: 2945 Flamingo Drive

Miami Beach, FL 33140