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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| 1. Corporation | MENT # M89235 LAVERNE, INC. | | | | |
|---|--|---|--|---|--|
| Principal Place | of Rusiness | Mailing Address | · | | [|
| | | • | | | |
| 3056 S. ST. RP BAY 39 & 40 | 1 | 1275 NE 200 ST. MIAMI FL 33179 | | | |
| MIRAMAR FL 33 | 023 | US | | DO NOT WRITE IN THI | S SPACE |
| US | | | | 3. Date Incorporated or Qualifed | |
| | | | | 07/11/1988 | Auglied Co. |
| | ace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For Not Applicable |
| 21 | # | Suite, Apt. #, etc. | | 65-0062213 | \$8.75 Additional |
| Suite, Apt. | #, etc. | 27 | | 5. Certifcate of Status Desired | Fee Required |
| City & State | B | City & State | AT MAHO T | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zip | Country | 8. This corporation owes the current year la | ntangible |
| 24 | 25 | 29 | 30 | Personal Property Tax. | ☐Yes Z iNo |
| | 9, Name and Address of Current | t Registered Agent | | 10. Name and Address of New Registered | d Agent |
| 0.75 | WART MANEOUS | | 81 Name | N/A | |
| 1 | VART, JAMES H. | | 82 Street Add | iress (P.O. Box Number is Not Acceptable) | |
| 1 | n.e. 200 st. Th Miami Beach Fl 33179 | | | | |
| ווטת | IT MIAMI DEACH FL 33179 | | 83 | | |
| | | | 4 1 | | |
| | | | 84 City | F! | 85 Zip Code |
| l office or r | egistered agent, or both, in the State (| nt Fiorida. Such chande was au | es, the above-named corp uthorized by the corporati | poration submits this statement for the purpose of ion's board of directors. I hereby accept the appe | of changing its registered |
| l office or r | egistered agent, or both, in the State of m familiar with, and accept the obligat | of Florida. Such change was at tions of, Section 607.0505, Flor | es, the above-named corporation of the corporation | poration submits this statement for the purpose of ion's board of directors. I hereby accept the appe | of changing its registered ointment as registered |
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

4-7-99 (305) 652-6718

Date Daytime Phone #

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90079 005 ***150.00