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

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS

## **FILED** May 28 1998 8:00am Secretary of State

	MENT # M965 DRKS-U.S.A. XXIII, INCOR	<b>\</b> /				
Principal Place	e of Business	Mailing Address			g inmandite tie satise nital Ariai ninda aria highi di	DII MHOIL DIGIR WIDEL DIDIL IDDI
2005 N.E. 121 RD		PO BOX 610096	PO BOX 610096			
		N. MIAMI FL 33261-009	N. MIAMI FL 33261-0096		DO NOT WRITE IN THIS	COACE
US					3. Date Incorporated or Qualified	SOFACE
					08/26/1988	
2. Principal Place of Business 2a. Mailing		2a. Mailing Address	ing Address		4. FEI Number	Applied For
21		26	26		65-0071291	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27						Fee Required
City & State		City & State		6. Election Campaign Financing	- \$5.00 May Be	
<b>Z</b> ip	Country	7in	Zip Country		Trust Fund Contribution	Added to Fees
24	25	29	30		This corporation owes or has paid the corporation owes or has paid the corporation owes or has paid the corporation owes.  Personal Property Tax due June 30.	Urrent year Intangible
	9, Name and Address of Curr	· · · · · · · · · · · · · · · · · · ·	1301	<del></del>	10. Name and Address of New Registered	
FE	LDMAN, JEROME		81	Name		
2005 N.E. 121 RD			82	Street Addir	ess (P.O. Box Number is Not Acceptable)	
N. MIAMI FL 33181			12	Otroot Moon	cos (1.0. box radinbor is radi Accopiable)	
			83			
			84	City		85 Zip Code
					FI	
11. Pursuant to office or re	lo <b>the</b> provisions of Sections 607.0 o <b>gister</b> ed agent, or both, in the Sta	502 and 607.1508, Florida Statu de of Florida. Such change was	ites, the above- authorized by t	named corp the corporat	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered
agent. I a	m familiar with, and accept the ob	ligations of Section 607.0505, F	lorida Statutes.			
SIGNATURE	Signature, typed or printed name of registered	second and take if prophentials (Alf	FE Registered Agont	biocolum mour	ed when reinstating) DATE	
12.		NO DIRECTORS	13.	algriature requi	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
<b>●</b> TiTLE			1.1 TITLE			Change Addition
NAME	FELDMAN, JEROME		1.2 NAME			3
STREET ADDRESS	2005 N.E. 121 RD		1.3 STREET A	DDRESS		
CITY-ST-ZIP	N. MIAMI FL 33181		1.4 CITY-ST-ZIP			
TITLE	· · ·		2.1 TITLE			☐ Change ☐ Addition C
NAME	FEDMAN, JASON		2.2 NAME			
STREET ADDRESS	2005 N.E. 121 RD		2.3 STREET A	DORESS		
CITY-ST-ZIP	N. MIAMI FL 33181	T Street	2.4 CITY-ST	-7IP		
TITLE	<del>-</del>		3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET A			
CITY-ST-ZIP TITLE			3.4. CITY-ST-	- 219		☐ Change ☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET AL	DORESS		
CITY-ST-ZIP			4.4 CITY-ST-			
TITLE			51 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.9 STREET AL	DDRESS		
CITY-ST-ZIP			5.4 CITY - SY-	ZIP		
TITLE		☐ DELETE	6.1 TITLE		Annual Service Service Service Service Service Traff of the	Change Addition
NAME			6.2 NAME		2000025411 -05/29/98010950	
STREET ADDRESS			6.3 STREET AL	DDRESS		15-28
DITY OF TID	_		- 0 4 OUT V OT	7:C I	見事業 1 当け 子ける	_

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 tyle and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the ecoiver or trustee or powered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an enterthemorphism address.

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