FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P38385

Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required \$75 Additional Fee Required \$8.75 Addi		of Business C POINTE DR. #1507 II BEACH FL 33180	Mailing Address 19101 MYSTIC POINT NORTH MIAMI BEACH			
Sulle, Act. 6, clc Sulle,					1	
Suite, Art. #, etc. 2	Principal Plac	ce of Business	1			Applied For
Col	Suite, Apt. #,	, etc.	Suite, Apt. #, etc.			\$8.75 Additional
Trust Fund Country	City & State					Fee Required
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Name 9. Name and Address of Current Registered Agent 9. Name 9. Name and Address of New Registered Agent 9. Name 9. Name 9. Street Address (P.O. Box Number is Not Acceptable) 9. Street Address (P.O. Box Number is Not Acceptable) 9. Fursiant to the provisions of Sections 607 0002 and 607 1508. Foods Statutes, the attack name having opposition submits this statement for the purpose of changing its registered agent. The consists of provisions of Sections 607 0002 and 607 1508. Foods Statutes 9. Fursiant to the provisions of Sections 607 0002 and 607 1508. Foods Statutes 9. Fursiant to the provisions of Sections 607 0002 and 607 1508. Foods Statutes 9. Fursiant to the provisions of Sections 607 0002 and 607 1508. Foods Statutes 9. Fursiant to the provisions of Sections 607 0002 and 607 1508. Foods Statutes 9. Fursiant to the provisions of Sections 607 0002 and 607 1508. Foods Statutes 9. Fursiant to the provisions of Sections 607 0002 and 607 1508. Foods Statutes 9. Fursiant to the provisions of Sections 607 0002 and 607 1508. Foods Statutes 9. Fursiant to the provisions of Sections 607 0002 and 607 1508. Foods Statutes 9. Fursiant to the provisions of Sections 607 0002 and 607 1508. Foods Statutes 9. Fursiant to the provisions of Sections 607 0002 and 607 1508. Foods Statutes 9. Fursiant to the provisions of Sections 607 0002 and 607 1508. Foods Statutes 9. Fursiant to the provisions of Sections 607 0002 and 607 1508. Foods Statutes 9. Fursiant to the provisions of Sections 607 0002 and 607 1508. Foods Statutes 9. Fursiant to the provisions of Sections 607 0002 and 607 1508. Foods Statutes 9. Fursiant to the provisions of Sections 607 0002 and 607 1508. Foods Statutes 9. Fursiant to the provisions of Sections 607 0002 and 607 1508. Foods Statutes 9. Fursiant to the provisions of Sections 607 0002 and 607 1508. Foods Statutes 9. Fursiant to the provisions of Sections 607 0002 and 607 1508.	_ •		28		r	
GROSS, LOUIS 19101 MYSTIC POINTE DR., #1507 NORTH MIAMI BEACH FL 33180 84 Cay Fursuant 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 agent. I an inclinational development of 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 agent. I are changed to develope. It have been accept the caption of Section Provisions of Section Statutes and the provisions of Section	Ζφ	<u></u> 1	∤ -¬	F-n ′		
BROSS, LOUIS 1910 MYSTIC POINTE DR., #1507 NORTH MIAMI BEACH FL 33180 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City Fursiant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation submiss this statement for the purpose of changing its registered agent. I a final and acceptable obligations of, Section 107,0502, florida Statutes, the above named corporation submiss this statement for the purpose of changing its registered agent. I a final acceptable obligations of, Section 107,0503, florida Statutes 804 City FL 85 Zip Code 84 City FL 85 Zip Code 85 Zip Code 86 City FL 85 Zip Code 87 City CERS AND DIRECTORS 88 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CPS GROSS, LOUIS 1910 MYSTIC PT. DR.1507 NO. MIAMI BCH. FL 14 City 15 Title 15 Title 16 Change Addition 15 Title 16 Change Addition 16 Addition 17 Title 18 Change Addition 18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 22 NAME 23 STREET ADDRESS 24 City. 51 Zip 41 Title 16 Change Addition 42 NAME 43 STREET ADDRESS 44 City FL 85 Zip Change Addition 16 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition 18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition 18 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CPS GROSS, LOUIS 1910 MYSTIC PT. DR.1507 NO. MIAMI BCH. FL 10 DELFIE 21 DELFIE 21 DELFIE 22 Title 23 Title 24 City. 51 Zip Change Addition 43 STREET ADDRESS 44 City. 51 Zip 44 City 47 NAME 47 N						<u></u>
System by the pently none dragatical garden title rangitude. CPS	19101 M North	IYSTIC POINTE DR., #1507 MIAMI BEACH FL 33180		83 84 City		FL 85 Zip Code
	F Ai	OFFICERS AI CPS GROSS, LOUIS	ND DIRECTORS DELETE	13. 1.1TITLE 12 NAME		ICERS AND DIRECTORS IN 12
2 2 NAME 2 3 STREET ADDRESS 2 5 LOT			•	1.3 STREET ADDRESS		
2 4 CHY-SI-ZIP Change		110. INDAMEDOLL. I C	FT OF ST			
DELETE 3 1 TITLE Change Addition A	f	NO. INDINI BOIL IL	☐ DELFTE	2 1 TITLE		Change Addition
32 NAME 33 STREEL ADDRESS -ST-7IP 34 CITY-ST-7IP CEL DELETE 4.1 TITLE	E EE I ADORESS	NO. INDINI BOTT TE	DELFTE	2 1 TITLE 22 NAME		Change Addition
SET-ZPF SET ADDRESS SET-ZPF A CITY-ST-ZIP A CITY-ST-ZIP A STREET ADDRESS SET-ZPF A CITY-ST-ZIP A CITY-ST-	F FE ADDRESS ST ZIF	110. IIIDANII BOTT TE	_	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-7IP		
DELETE A 1 Title Change Addition	F FEEL ADORESS SEL ZIF F	110. IIII/IIII BOIL I L	_	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 3 1 TITLE 32 NAME		
### ADDRESS -SI-7IP #### DELETE	F FE L ADDRESS SI ZIF F EL LADDRESS	TO. INC. III	_	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CHY-ST-7IP 3 1 TITLE 32 NAME 33 STREET ADDRESS		
Addition of the certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. In further certify that the information indicated on this annual report or supplemental annual report is rue and accurate and that my signature shall have the same legal effect as if made under supplemental annual report or supplemental annual report is rue and accurate and that my signature shall have the same legal effect as if made under supplemental annual report is rue and accurate and that my signature shall have the same legal effect as if made under supplemental annual report is rue and accurate and that my signature shall have the same legal effect as if made under supplemental annual report is rue and accurate and that my signature shall have the same legal effect as if made under supplemental annual report is rue and accurate and that my signature shall have the same legal effect as if made under supplemental annual report is rue and accurate and that my signature shall have the same legal effect as if made under supplemental annual report is rue and accurate and that my signature shall have the same legal effect as if made under supplemental annual report is rue and accurate and that my signature shall have the same legal effect as if made under supplemental annual report is rue and accurate and that my signature shall have the same legal effect as if made under supplemental annual report is rue and accurate and that my signature shall have the sa	F FE ADDRESS F F III E LADDRESS F F III E LADDRESS F ST - ZIP E	TO. INPUNIC DOTT. I C	□ DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CHY-ST-7iP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CHY-ST-7iP 4.1 TITLE		Change Addition
52 NAME 53 STREET ADDRESS 54 CITY-SI-ZIP 54 CITY-SI-ZIP 6.1 TITLE 62 NAME 63 STREET ADDRESS 51-ZF 64 CITY-SI-ZIP 10 hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report or	F FE ADDRESS SI ZIF F IE ADDRESS SI ZIF F IE ADDRESS SI ZIP E	TO. INPANI SOIL IE	□ DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CHY-ST-7h ² 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CHY-ST-2h ² 4.1 TITLE 42 NAME		Change Addition
### S STREET ADDRESS ### DELETE 5.4 CITY - ST - ZIP ### DELETE 6.1 TITLE Change Addition ### Addition Addition Addition ### EET ADDRESS 6.3 STREET ADDRESS ### ST. Z.F. 6.4 CITY - ST - ZIP ### 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 undought in the information indicated on this annual report or trustee empowered to execute this report as required by Chanter 607. Florida Statutes, and that my same #### Indicated on this annual report or trustee empowered to execute this report as required by Chanter 607. Florida Statutes, and that my name.	F FE ST ZIF F F ARE ELLADORESS F-ST-ZIP E M EELADORESS F-ST-ZIP	THE MINISTER LE	☐ DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CHY-ST-7P 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CHY-ST-2P 4.1 TITLE 42 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-2P		Change Addition
EET ADDRESS ST-ZF 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 undoubt that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is report as required by Chapter 607. Florida Statutes, and that my name	F FE ACCORESS FST ZIF F ARE ELLADORESS F-ST-ZIP E MA EEFTACORESS F-ST-ZIP F	THE MINISTER LE	☐ DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CHY-ST-7iP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CHY-ST-7iP 4.1 TITLE 42 NAME 43 STREET ADDRESS 44 CHY-ST-7IP 5 1 TITLE		Change Addition
62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY - ST - ZIP 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 undo 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	F F F F SI ZIF F III III III III III III III III II	THE MINISTER LE	☐ DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 4.1 TITLE 42 NAME 4.3 STREET ADDRESS 44 CITY - ST - ZIP 5 1 TITLE 52 NAME		Change Addition
SI-ZF Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 undoubt; 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	F FE ACCORESS F ST ZIF F ALL F F ALL F F F F F F F F F F	THE MINISTER LE	☐ DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 4.1 TITLE 42 NAME 4.3 STREET ADDRESS 44 CITY - ST - ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP		Change Addition
I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 undoubt, that I am an officer or director of the comporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my page	F F F F SI ZIF F BI ELLADORESSSI-ZIF ELLADORESSSI-ZIF ELLADORESSSI-ZIF ELLADORESSSI-ZIF ELLADORESSSI-ZIF ELLADORESSSI-ZIF ELLADORESS	THE MINISTER LE	☐ DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CHY-ST-ZIP 4.1 TITLE 42 NAME 4.3 STREET ADDRESS 44 CHY-ST-ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CHY-ST-ZIP 6.1 TITLE		Change Addition
certify triat 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	E ZE	THE MINISTER LE	☐ DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-7IP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-7IP 4.1 TITLE 42 NAME 4.3 STREET ADDRESS 44 CITY-ST-7IP 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-7IP 6.1 TITLE 62 NAME		Change Addition
	F ZE	Certify that the information supplier	DELETE DELETE DELETE	2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CHY-ST-7IP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CHY-ST-7IP 4.1 TITLE 42 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-7IP 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CHY-ST-7IP 6.1 TITLE 62 NAME 63 STREET ADDRESS 54 CHY-ST-7IP 6.1 TITLE 62 NAME 63 STREET ADDRESS 64 CHY-ST-7IP 85 STREET ADDRESS 64 CHY-ST-7IP	or the exemption stated in Section 119	Change Addition Change Addition Change Addition Change Addition