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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF \$1A3E

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jun 02 1998 8:00am Secretary of State

	998 DIVISION OF CORPORATIONS				NS	Secretary	OI N	iaic	
	MENT # P393	09	(O)						II <b>C</b> 18(1) (88)
Principal Place	of Business	Maning A	Address		_		T TO BEST ALD STATE TO THE TOTAL ADDITION THE BERST AT STATE	AHAHI BIBIL GIBI	<b>                 </b>
14051 NW 14 ST 14051 NW 14 SUNRISE FL 33323 SUNRISE FL									
US US	3332J	U\$	SUNRISE FL 33323 US				DO NOT WRITE IN THIS SPACE		
							<ol> <li>Date Incorporated or Qualified</li> <li>06/16/1992</li> </ol>		
2. Principal P	ace of Business	2a. Madir	ig Address	<del></del>			4. FEI Number	Ar	plied For
21	. <del></del>	26	A				65-0336614		t Applicable
Suite, Apt	#, otc.	27 Soile					5. Certificate of Status Desired	\$8.75 / Fee Re	Additional equired
City & State	1	City 8	s State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be
Zip	Country	2 <b>6</b> 1 24)		Cou	ntry		This corporation owes or has paid the cur		
24	25	29		30			Personal Property Tax due June 30.	Yes [	] No
^_	9, Name and Address of Cu	rrent Registered	Agent		81	Name	10. Name and Address of New Registered	Agent	
	CORPORATION IO S PINE ISLAND RD			}	82				
PLANTATION FL 33324						Street Ad	dress (P.O. Box Number is Not Acceptable)		
					83				
					84	City		85 Zip (	Code
11 Pureuant I	a the provisions of Sections 607	กรักขอบส่ารถว่าโรง	8 Florida Statuli	es the at	20/16	named co	FL prporation submits this statement for the purpose o	changing if	s registered
office or re	egistered agent, or both, in the S	itate of Florida. Suit Moutions of Soci	th change was a	uthorizod rida Stat	d by	the corpor	ation's board of directors. I hereby accept the app	ointment as	registered
SIGNATURE	Triangle vital, a present process	inchia de la constitución	en cer. 6650, 1 k	and Char					}
	Signature types for photo-timescoting a fear				LAgen	d signature reg	jured when reinstating) DATE	DIRECTOL	20 (1) 10
12. Tiflě	V	AND DIRECTORS	DELETE	13.	II F	I	ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
NAME	TUBITO, VINCENT			1.2 NA				_ •	
STREET ADDRESS	14051 NW 14 ST			1.3 \$1	REELA	ADDRESS			
CITY - ST - ZIP	SUNRISE FL			1.4 CI	TY-51	i - 71P			
TITLE	CPD		DELETE	2.1 111	I E			Change	Addition (
NAME	ARGUETTY, ISAAC			22 NA					
STREET ADDRESS	14051 NW 14 ST			1		ADDRESS			
CITY-ST-ZIP	SUNRISE FL S		DELETE	2. 4 Ci		1 · ZP		Change	Addition
NAME :	BOUDREAU, DAVID		L.J Decere	3.2 N/		1		ondigo	C
STREET ADDRESS	14051 NW 14 ST					ADDRESS	,	/	
CITY-ST-ZIP	SUNRISE FL			3.4 CI		ļ			
TITLE			DELETE	4.1 111		<del></del>		Change	ddition
NAME				4 2 N	AME	-		// /	
STREET ADDRESS				4 3 51	HEE1 /	ADDRESS	7		/つ
CITY-ST-ZIP				4 4 C1	IY-SI	- ZIP			محر
TITLE			DELETE	5 1 Til		- 1	,	☐ Change	Addition
NAME				5.2 NA					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	-	DELETE	5.4 CI		-7IP		Change	☐ Addition
TITLE NAME			r wern	6.2 NA		1	6000025455		
STREET ADDRESS						ADDRESS	-06/03/980101004		ŀ
CITY-ST-ZIP				6.4 C(		i	*** <b>952.</b> 50	_	
311 31 21	<del></del>	The second secon		r the eve		ion state of		white that the	information

14. Thereby certify that the information supplied with this filing closs 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 amount 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 reserver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an address

WATURE DOWN B. WORN - 28-98 985