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

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION FILED Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 MAY 18 PM 2: 22 DOCUMENT # 1 SECRETARY OF STATE CLA Canada, TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/26/92 Principal Place of Business 9420 SW 77 Avenue 2a. Mailing Address 4 FELNumbe Applied For 9420 SW 77 Avenue 65-0373551 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional R 5. Certificate of Status Desired Suite 100 Fee Required Suite 100 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees <sup>23</sup> Miami, Fl Miami, Fl Country Country 8. This corporation owes or has paid the current year Intangible 33156 Yes □ No USA 29 33156 25 30 USA Personal Property Tax due June 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name Greenberg, Stewart G. 82 Street Address (P.O. Box Number is Not Acceptable) 7101 SW 102 Avenue 83 Miami, Fl 33173 В4 City Zip Code 11. Pursuant to the previsions of Sections 607.0502 and 607.1508, Horida 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, typest or print or rathe of a grittered agent and line if apposable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DPT DELETE 111111[ ☐ Change ☐ Addition TITLE 600002529**5**36--- 5 Cauff, Stuart 1.2 NAME NAME -05/19/98--01081 --007 9420 SW 77 Avenue 13 STREET ADDRESS STREET ADDRESS \*\*\*\*558.75 \*\*\*\*558.75 Miami, Florida 33156 CITY-ST-ZIP 1.4 CITY - \$1 - ZIP ☐ Change ☐ Addition DELETE TITLE 21 TITLE DVS NAME 2.2 NAME Lippman, Wayne STREET ADDRESS 2.3 STREET ADDRESS 9420 SW 77 Avenue City - ST- ZIP 2. 4 C(1Y+S1+Z)P Miami, Florida 33156 DELETE ☐ Change Addition 3.1 TITLE TITLE NAME" 3 2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 41 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-ST-ZIP CITY-ST-ZIP DELETE ■ Addition TITLE 5 1 THLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 5.4 CITY - \$1 - ZIP DELETE 6 1 TITLE ☐ Addition TITLE 6.2 NAME NAME STREET ADDRESS G 3 STREET ADORESS 14. Thereby certify that the information supplied with this ling 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 supplied entails 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 profee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

2E034 (10/97)

SIGNATURE: Why U. Haming of Signing OFFICER OF DIRECTOR D. Lippman 5/13/98 (305) 274 - 7277

h an adoress

Block 12 or Block 13 if chang