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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P92000002128 (6)

FILED Feb 09 1998 8:00am Secretary of State

SARYA		(0)						
Principal Plac	e of Business	Mailing Address				-{	AMA ORIGI ING A MET	1000 000 000
6108A NV 26TH ST. 6108A NV 26TH ST. SUNRISE FL 33313 US US						DO NOT WRITE IN	THIS SPACE	
**						3. Date Incorporated or Qualified		
						10/30/1992		
2. Principal P	ace of Business	2a. Mailing Address	ta. Mailing Address			4. FEI Number		Applied For
1		26				65-0374033		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional
2		27						Required
City & State	0	City & State				6. Election Campaign Financing		May Be
3	Country	28	Cou	ente c		Trust Fund Contribution L		d to Fees
Zip	Country	Zip		iniry		8. This corporation owes or has paid to	_	Intangible III No
4	25 S. Name and Address of Current	29 Registered Agent	30			Personal Property Tax due June 30 10. Name and Address of New Regis	=================================	THE INC.
713	IGER DAVID	Bress, on trigonit		81 Na	ame	in the state of th		
2020 NW 207 ST								
	MIAMI BEACH FL 33179			82 St	reet Addre	dress (P.O. Box Number is Not Acceptable)		
11 1	WAR DENOTT E GOTTO			83			***************************************	
				84 Ci	ty		FL 85 Zi	р Code
11, Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obliga	2 and 607.1508, Florida S latut of Florida Such change was tions of, Section 607. 0505, Fl	es, the at authorized orida Stat	oove-na d by the utes.	med corpo corporation	oration submits this statement for the purpon's board of directors. It hereby accept the	ose of changing te appointment	j its registered as registered
SIGNATURE		NO. 1100 1 Co. Co. U.S. T. T. T. MICH.	I. Donastoro	d Appet sig		d when re-installing)	DATE	
12.	Signature, typed or printed name of registered ager OFFICERS AND		13.	a Agent sig	пакте гедино	ADDITIONS/CHANGES TO OFFICER		ORS IN 12
TITLE	SD	DELETE	1.1 TO	TLE	Т	1100,010,102	☐ Change	
NAME	GENET, BENJAMIN		1.2 N/	AME				
STREET ADDRESS	3990 N. 38TH AVENUE		1.3 \$1	REET ADDR	RESS			
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CI	TY-ST-ZIP				
TITLE	P	DELETE	2.1 TJ	TLE			☐ Change	e 🔲 Addition
NAME	ZINGER, DAVID		22 NA	AME				
STREET ADDRESS	2020 NE 0207 ST.		2351	REET ADDR	RESS			
CITY-ST-ZIP	N. MIAMI BEACH FL		2 4 C	ITY-ST-ZIF	,			
TITLE		☐ DELETE	3 1 TI	TLF			☐ Change	e 🔲 Addition
NAME			3.2 NA	AME				
STREET ADDRESS			3.3 ST	REET ADDR	ESS			
CITY-ST-ZIP			3.4. C	TY-ST-21F	·			
TITLE		DELETE	4.1 30	TLE			Change	e Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 ST	REET ADDR	ESS			
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP				
TITLE		DELETE	5.1 10	TLE			☐ Change	e 🔲 Addition
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 ST	reet ador	ESS			
CITY-ST-ZIP			5.4 CI	TY-\$1-ZIP				
TITLE	: - 	☐ DELETE	6.1 Til	TLE			☐ Change	e 🔲 Addition
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 ST	REET ADDR	ESS			
CITY-ST-ZIP				1Y-ST-ZIP	l <u></u> .			
14. I hereby o	certify that the information supplied with	th this filing does not qualify to	or the exe	mption	stated in S	Section 119.07(3)(i), Florida Statutes. I furt	her certify that the	ne information

4. 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.

Nach Dimage

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