## 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 # P93000007743 (6)

OSCAR FELDENKREIS INVESTMENT CORP.

## FILED Apr 10 1998 8:00am Secretary of State



Original Disease	of Duciness	Malling Address	<del> </del>		—{	DERIK BONT IODEN KODEN DIBO	
Principal Place of Business Mailing Address  Tage Name April 67							
7495 N.W. 48TH ST. 7495 N.W. 48TH ST. MIAMI FL 33166 MIAMI FL 33166							
MICHIEL CO.	•	MICHIEL DOTOC			DO NOT WRITE IN	N THIS SPACE	
					3. Date Incorporated or Qualified		
					01/29/1993		
<b>─</b>	ace of Business	2a. Mailing Address	SOME TI	<b>D</b> D	4. FEI Number	Арр	lied For
	LIN GOTTLIEB	26 C/O OLIN GO			65-0398163		Applicable
22 1326	S. DIXIE HWY #820	$\frac{1}{27}$ $1^{\circ}$ $3^{\circ}$ $20^{\circ}$ $1^{\circ}$ $1^{\circ}$ $1^{\circ}$	(IE H	WY #820	Certificate of Status Desired	☐ <b>\$8.75</b> Ad Fee Req	
City & State	GABLES, FLORIDA	City & State CORAL GABLE	3S, F	LORIDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 M	•
	Country	+ ··· · · · · · · · · · · · · · · · · ·	Countr		8. This corporation owes or has paid		
Zip 33146	25	33146	30		Personal Property Tax due June 3	<b>-</b>	No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regi	stered Agent	
CO	RPORATION INFORMATION SERV	ICES INC.	81	Name			
1004 HAVO OT					dress (P.O. Box Number is Not Acceptable)		
	LAHASSEE FL 32301		02	Silest Addi	ress (1 .O. Box Number is Not Acceptable	<b>,</b>	
			83				
			84	Cau		85 Zip Co	ndo.
			04	City		FL  85   Zip Co	206
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for the pur	pose of changing its	registered
office or re agent. I an	egistered agent, or both, in the State on familiar with, and accept the obligation	i Florida. Such change was at ons of, Section 607,0505, Flor	uthorized b rida Statute	y the corporat is.	tion's board of directors. I hereby accept	the appointment as re	∍gistered
•		,,					
SIGNATURE 3	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Ag	ent signature requi	red when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		IN 12
TITLE	D	☐ DELE <b>te</b>	1.1 TITLE	P	D/D	Change	Addition
NAME	FELDENKREIS, OSCAR		1.2 NAME				
STREET ADDRESS	7495 N.W. 48TH ST.		1.3 STREE	T ADDRESS 3	000 N.W. 107TH AVE	NUE	
CITY-ST-ZIP	MIAMI FL 33166		1.4 CfTY -	ST-ZIP M	IIAMI, FLORIDA 3317	2	
TITLE		DELETE	2.1 THILE			☐ Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	1 Address			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 THILE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS	•		3.3 STREE	T ADDRESS			
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. CITY-	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP	520		4.4 CITY-	ST-ZIP			<b></b>
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELET <b>e</b>	6.1 TITLE			Change	Addition
NAME	• •		6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY -				
14. I hereby co	ertity that the information supplied with on this annual report or supplied ental	r this filling does not qualify for annual report is true and accu	r the exemp urate and th	otion stated in nat my signatu	Section 119.07(3)(i), Florida Statutes. I fure shall have the same legal effect as if m	rther certity that the in lade under oath: that	nformation Lam an
officer or of Block 12 o	lirector of the corporation of the receiver Block 13 if changed, or than attack	er or trustee empowered to ement will an address.	xecute this	report as req	re shall have the same legal effect as if nuired by Chapter 607, Florida Statutes; an	nd that my name appe	ars in