## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

## Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT#** P93000027613 (7)

**FILED** Aug 20 1998 8:00am Secretary of State

Principal Place of Business 1510 SOUTH STATE ROAD 7 HOLLYWOOD FL 33023		Mailing Address 1510 SOUTH STAT HOLLYWOOD FL 3				WRITE IN THIS	SPACE
					3. Date Incorporated or Qu		<del></del>
					04/14/1993		
2. Principal Place of Business		2a. Mailing Addre	2a. Mailing Address				Applied For
21		26			65-0404126		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Des	red 🔲	\$8.75 Additional
22		27				Fee Required	
City & State		City & State		6. Election Campaign Final	ncing	\$5.00 May Be	
Zip Country		Zip Country		Trust Fund Contribution	the poid the sur	Added to Fees	
	25	29	30	and y	8. This corporation owes or Personal Property Tax d		Yes No
	and Address of Currer		1301	T	10. Name and Address of		
ROCA, MAXIMO	S			81 Name	SABIND Antoni	7200	
1510 SOUTH STATE ROAD 7				82 Street	Address (P.O. Box Number is Not A		<del></del>
HOLLYWOOD FL 33023					7300 RAMON		
				83			
				84 City			85 Zip Code_ 5
•				OH, OH,	Mirants	FL	33023
SIGNATURE Signalus Typed of 12.	or printed name of registered age OFFICERS AN	TO DITED TO TO	13		ADDITIONS/CHANGES T		ID DIRECTORS IN 12 Change X Addition
NAME ROCA, MA	AMAN 6	XILDEI		IAME	SABINO ANTONIO	120CA	`
	IONA STREET		•	TREET ADDRESS	7300 RAMONA	3302	
CITY-ST-ZIP MIRAMAR				CITY-ST-ZIP	MIYAMAN FC	3302	.3
TITLE IMIT WILL IN	I L DOOLD	Пре		TILE	1.1111111111111111111111111111111111111		Change Addition
NAME		اعدا رے		IAME			Change C 7 radiion
STREET ADDRESS			2.3 \$	TREET ADDRESS			
CITY-ST-ZIP			2.4 0	ITY-ST-ZIP			
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NAME			3.2 N	IAME			
STREET ADDRESS			3.3 S	TREET ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIP			
TITLE		☐ DEI	.ETE 4.1 T	ITLE			Change Addition
NAME			4.2 M	IAME			
STREET ADDRESS					r .		
CITY-ST-ZIP			4.3 S	TREET ADDRESS			
TITLE			4.4 0	CITY-ST-ZIP			
NAME	<del></del>	DEI	4.4 C .ETE 5.1 T	HLE			Change Addition
STREET ADDRESS		DE	4.4 C LETE 5.1 T 5.2 N	HTY-ST-ZIP HTLE JAME			Change Addition
		DEI	4.4 C LETE 5.1 T 5.2 N 5.3 S	OTY-ST-ZIP ITLE IAME TREET ADDRESS			Change Addition
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CITY-ST-ZIP TITLE NAME			44 G ETE 5.1T 5.2N 5.3 S 5.4 C ETE 6.1 T 6.2 N	OTY-ST-ZIP THE JAME TREET ADDRESS OTY-ST-ZIP THE JAME			
CITY-ST-ZIP TITLE			44 G ETE 5.1 T 5.2 N 5.3 S 5.4 C ETE 6.1 T 6.2 N 6.3 S	ITY-ST-ZIP ITLE IAME TREET ADDRESS DITY-ST-ZIP ITLE			

14. 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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.