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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 04 1998 8:00am Secretary of State

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Principal Place of Business  141 NE 1ST ST  MAMI FL 23132  DO NOT WRITE IN THIS SPACE  9. Date incorporated or Qualified  06/18/1933  22. Mailing Address  23. Date incorporated or Qualified  06/18/1933  24. FEI Lymber  06/18/1933  25. Confidence of Status Desired  27. Cry & State  28. Suito, Apt. #, etc.  29. Suito, Apt. #, etc.  27. Cry & State  28. Cry & State  29. Country  29. Country  20. Country  20. Suito, Apt. #, etc.  27. Cry & State  28. Country  29. Country  20. Country  20. Name and Address of Current Registered Agent  41. Pleasant to the provisions of Sections 607 0502 and 607 1508. Florida Statuses  29. Name and Address of Current Registered Agent  41. Pleasant to the provisions of Sections 607 0502 and 607 1508. Florida Statuses  29. Name and Address of Current Registered Agent  41. Pleasant to the provisions of Sections 607 0502 and 607 1508. Florida Statuses  29. Signature type for pleasant to the District of Exids Such change was authorized by the acoptropicions board of directors. I hereby acceptable)  29. Cry & State  20. Cry & State  21. Pleasant to the provisions of Sections 607 0502 and 607 1508. Florida Statuses  20. Signature type for Pleasant to the District of Exids Statuses  21. Pleasant to the provisions of Sections 607 0502 and 607 1508. Florida Statuses  21. Pleasant to the provisions of Sections 607 0502 and 607 1508. Florida Statuses  22. Cry & State  23. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. Pleasant to the Pleasant to the State of Exids Statuses  22. Signature type for Pleasant to the State of Exids Statuses  23. Signature type for Pleasant to the District Office Status Statuses  23. Signature type for Pleasant type of Pleasant Status Status Status  24. Cry & State Status  25. Cry & State Status  26. Cry & State Status  27. Cry & State Status  28. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. Pleasant to the State Status  13. Signature type for Pleasant Status  14. Pleasant to the State Status  15. Cry & State Status  16. Cry & State Status  17. Pleasa	DOCUN 1. Corporation	MENT # P9300	0043193 (0	)			
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Principal Place of Business   Mailing Address   141 NE 15T ST   MIAMIR FL 33132   DO NOT WRITE IN THIS SPACE   3, Date incorporated or Qualified   Object					I LOTEISADE ENO FORBO TILLIF BEINE BONK DONN COLIN DICALO		12 #111 (118)
Principal Place of Business   Mailing Address   141 NE 15T ST   MIAMIR FL 33132   DO NOT WRITE IN THIS SPACE   3, Date incorporated or Qualified   Object							
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2a. Mailing Address 2b. Jobe Incorporated or Qualified O6/18/1993 2c. Mailing Address 3c. Principal Place of Business 2d. Mailing Address 3c. Principal Place of Business 2d. FEI Number 3c. A. FEI Number 3c. Mot Applicable Suite, Apt. 4, etc. 3c. Suite, Apt. 4, etc. 3c. Suite, Apt. 4, etc. 3c. City & State 3c. City & State 3c. City & State 3c. City & State 3c. Country 3c. Coun							
2. Principal Place of Business	MIAMI: FL 3313	32	MIAMI FL 33132		DO NOT WRITE IN THIS S	PACE	•
2. Mailing Address   2a. Mailing Address   4. FEI Number   Applied For   Not	!				3. Date Incorporated or Qualified	<del></del>	
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Suite, Apt. #, etc  27  City & State  City & State  28  Country  Zop  Country  Zop  Country  Zop  Country  29  Country  29  Country  20  Country  20		ace of Business				<del></del>	<del></del>
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City & State  Ci		w, etc.	<b>—</b> ;		5. Certificate of Status Desired		
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Zip			28		· · · · · <del>_</del>		
9. Name and Address of Current Registered Agent  ALI, HAKIM W  11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, and accept the obligations of, Section 607 0505. Florida Statutes.  SIGNATURE  Signature  Signature  OFFICERS AND DIRECTORS IN 12  TILE  MAKE  ALI, HAKIM W		Country	Zip	Country			
ALI, HAKIM W  141 NE 1ST ST  WHAMF FL 33132  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida 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  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  ALI, HAKIM W  ALI, HAKIM ALI  ALI	24			30			No No
## Note			ent Registered Agent	91 Name		igent .	-
## THE 1ST ST ##AMM FL 3S132    82   Street Address (P.O. Box Number is Not Acceptable)    83     84   City   AMM					RUBINA H. ALI		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of change is registered agent, or both, in the State of Florida Statutes, the above-named 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, hybrid or printed name of registered agent and title it applicable.  (NOTE: Registered Agent signature required when reprefating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. NAME  Att, MAKIM W  13. STREET ADDRESS  14. CITY-ST-ZIP  MIAMI FL 93192  DELETE  1.1 TITLE  1.2 NAME  DELETE  2.1 TITLE  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  1.1 TITLE  1.2 NAME  Addition  Addi				82 Street	Address (P.O. Box Number Is Not Acceptable)		
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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 13 it happened or on exemptate through with an address.

CIGNATURE.

1AKIM ++ AL1 1.12.98 305-358-226

ZE034 (10/97)