## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



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ANNU	PORATION AL REPORT 996	Sandra Søcre	Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS					
DOCUM 1. Corporation I	Name	0045071 (	6)					
404B	CORPORATION				1 (0.6)(0.6)	B HÁIRA INNN AGHN ÁAN	EJ <b>88</b> 016 <b>88</b> 161 <b>8</b> 1881 <b>8</b> 11	18 8610 1886 1881 1881
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Principal Place of 1000 HIATU: SUITE 140 PEMBROKE		Mailing Address 1000 HIATUS ROAD SUITE 140 PEMBROKE PINES			3. Date Incorporal	ed or Qualified	3a. Date of Las	N Danock
					06/21/19			3/1995
2. Principal Place	ce of Business	2a. Mailing Address 26			4. FEI Number NOT A	PPLICABLE		Applied For Not Applicable
Suite, Apt. #,	etc	Suite. Apt #, etc.			5. Certificate of St	atus Desired		.75 Additional
Crty & State		City & State			6. Election Campa Trust Fund Con	_	\$5	ee Required  .00 May Be
Zip 24	Country	Zip	Cou	ntry	8. This corporation	n has liability for in	tangible tax unde	dded to Fees er s 199.032,
24]	25   g. Name and Address of Current	29  Registered Agent	30		10. Name and Ad	<u> </u>		
				81 Name				
	VRCO, VINCENT T			82 Street A	ddress (P.O. Box Number	is Not Acceptable	e)	
SUITE	IATUS ROAD			83				
	OKE PINES FL 33026							
				84 City			FL  85	Zip Code
11. Pursuant to	the provisions of Sections 607.0002 a	and 607.1508, Florida Statu Such change was authori	tes, the abo	ve-named cor	poration submits this state	ement for the purp	FL	its registered office
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14. I do hereby certify that the information supplies with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on the filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on the final 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 feed very 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 of page, or an in attachment with an address. EDUARDO SCHIAGETER PASIDENT 1/8/94 (954) 432 WHO 7

SCHIAGETER PASIDENT 1/8/94 (954) 432 WHO 7

DOING OFFICER OR DIRECTOR

6.3 STHEET ADDRESS € 4 CITY - ST - ZIP

SIGNATURE: . -

STREET ADDRESS

CITY - ST - ZIP

CLUB LEW LE SOURCE OR DIRECTOR

CR2E034 (12/95)