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 # P93000067954 (6)

Principal Place of Business	Mailing Address	
1474-A W 84 ST HIALEAH FL 33014	1474-A W 84 ST HIALEAH FL 33014	
		3
2. Principal Place of Business 21	2a. Mailing Address 26	4
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5
City & State	City & State	

FILED Feb 09 1998 8:00am Secretary of State

SYNER	AGISMO CORP.	· (-)			17 2 1111 12113 1213 21111 2101 1221
Principal Plac	e of Business	Mailing Address	·	4 10011001 310 10100 11111 00111 00111 00111 101	18 BIJIT 18810 18101 BIHIT BIHIT BIBI
1474-A W 84 ST 1474-A W 84 ST HIALEAH FL 33014			DO NOT WRITE IN T	HIS SPACE	
				3. Date Incorporated or Qualified	· · · · · · · · · · · · · · · · · · ·
		·-··		09/24/1993	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	21 - 1-	26		65-0450132	Not Applicable
Suite, Apt.	#, 8 IC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat	Δ	City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country		Added to Fees
24	25	<u> </u>	30	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr			10. Name and Address of New Registe.	
08	SMAN, L. MICHAEL		81 Name		
	74-A W 84 ST		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
	ALEAH FL 33014		02 Street Au	oress (F.O. Box Number is Not Acceptable)	
			83		
			84 City		
			B4 City		85 Zip Code
agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Sta m familiar with, and accept the obli	i02 and 607.1508, Florida Statute to of Florida. Such change was a gations of, Section 607.0505, Flo	s, the above-named co uthorized by the corpor rida Statutes.	rporation submits this statement for the purpor ation's board of directors. I hereby accept the	se of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE	Registered Agent signature rec	uired when reinstating) DA	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE		Change Addition
NAME	OSMAN, L. MICHAEL		1.2 NAME		
STREET ADDRESS	1474-A W 84 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33014		1.4 CITY - ST - ZIP		
TITLE	V O	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	OSMAN, CRAIG A		2 2 NAME		
STREET ADDRESS	1474-A W 84 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33014		2. 4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	OSMAN, TY H		3.2 NAME		
STREET ADDRESS	9129 SADDLEBOW DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD TN 37027	T OF CEE	3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Ohanna 14432
TITLE		☐ DETEIE	5.1 1(TLE		☐ Change ☐ Addition
NAME PERCET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME					Change Addition
STREET ADDRESS			6.2 NAME		
1			6.3 STREET ADDRESS		
CITY-ST-ZIP	7		6.4 CITY-ST-ZIP		

14. Thereby 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.