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

PROFIT **CORPORATION** ANNUAL REPORT

1008



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

50011	1555			·		
	MENT # P930 OWN ENTERPRISES, INC.		<b>')</b>			ili balik shir shik alik alik ka
Principal Plac	ce of Business	Mailing Address				DAY OBANG DAKAI BOANI GIGU AQQU
12659 S DIXIE HWY STE 116 MIAMI FL 33156 US		12659 SOUTH DIXIE HWY STE 116 MIAMI FL 33156 US		DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE	
		00			10/06/1993	
2. Principal Place of Business		28. Mailing Address			4. FEI Number	Applied For
21		26		65-0443973	Not Applicable	
Suite, Apt #, etc		Suite, Apl. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	1	8. This corporation owes or has paid the co	
24	25	29	30	<del></del>	Personal Property Tax due June 30.	☐ Yes ☐ No
	9. Name and Address of Cui	rrent Hegistered Agent	81	Name	10. Name and Address of New Registered	Agent
	ROWN, WILLIAM T III 102 SW 60 AVE					
MIAMI FL 33156			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
	, , 00.00		83			
			84	City		85 Zip Code
				L	Fl	<u> </u>
office or i	to the provisions of Sections 607 registered agent, or both, in the St am familiar with and accept the of	0502 and 607 1508, Florida Stat tate of Horida Such change wa oligations of, Section 607 0505,	lutes, the aboving authorized by Florida Statute	e-riamed cor y the corpora s.	rporation submits this statement for the purpose alion's board of directors. I hereby accept the ap	of changing its registered appointment as registered
SIGNATURE	Signature, typod or printed name of requirem	1 Amenit and title diagrees able (1)	OTE: Registered Ag	ent signature requ	uired when reinstating) DATE®	
12.		AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
THILE	S	DELETE	1 1 TITLE			☐ Change ☐ Addition
NAME	BROWN, LAURA A		1.2 NAME			
STREET ADDRESS	10102 SW 60 AVE MIAMI FL			ADDRESS		
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 CITY - 5 2.1 TITLE	51 - ZIP		Change Addition
NAME			2.2 NAME	Ì		
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZiP			2 4 CiTY-	ST-ZIP		
TITLE	DELETE		3.1 1ITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET 3.4. CITY-	1		
CITY-ST-ZIP TITLE		DELETE	41 TITLE	51-2IP		Change Addition
NAME		_	4. 2 NAME	1		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP	<u></u>		4.4 CITY - 5	ST-ZIP		
TIFLE		☐ DELE1E	5.1 TITL€	ļ		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			53 STREET			,
CITY-SI-ZIP TITLE		DELETE	5.4 C/TY-S 6.1 1/TLE	51-219	The state of the s	Change Addition
NAME			6.2 NAME	Ì		
STREET ADDRESS			63 STREET	F ADORESS		İ
CITY-ST-ZIP			6.4 CITY - 5			
14 I hereby	certify that the information surridge	d with this filmo does not qualify	for the exemn	tion state <del>d ir</del>	r South 119.07(3)(i), Florida Statutes, I further o	ertify that the information

Thereby certify that the information supplies with this timing does not quality for the exempting states in Section 119.07(3)(i). Florida statutes, if until certify that if an indicated on this annual report or supplies with an under early that I am an officer or director of the corporation or the resceiver or trusted impowered 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. 2-6-98 SIGNATURE:

**FILED** 

Feb 11 1998 8:00am

Secretary of State