## 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

, .	MENT # P93000 NAME PROPERTY, INC.	0082142 (9)	)			
Principal Place of Business Mailing Address					I TOBRIBORY HIS ENICO HUNS COURT BRUNE OBJUS BRUNE CH	ISOR TERRO TERM ROBIN SORE SORE
168 E FLAGLER STREET 168 E FLAGLER STREET						
MIAMI FL 33131 MIAMI FL 33131					DO NOT HOUSE IN THE SOLOS	
					DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE
					12/01/1993	
2 Principal P	Place of Business	2a, Mailing Address			4. FEI Number	Applied For
21	<u> </u>				65-0475222	Not Applicable
		Suite, Apt. #, etc.	#, etc.			\$8.75 Additional
22	27				5. Certificate of Status Desired	Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Z(p)	Coun	try	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30		Personal Property Tax due June 30.	X Yes No
	9. Name and Address of Curre	nt Registered Agent	,	Name	10. Name and Address of New Registered	1 Agent
	IDJAR, JACK		`	Name		
168 E FLAGLER STREET			1	32 Street Add	dress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33131				33		
				13		
			Ē	City	FI	85 Zip Code
11 Purcuant	to the provisions of Sections 607 0%	12 and 607 1508 Florida Stati	ites the abo	nve-named co		
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the oblig Signature, typed or profiled name of registered age				rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as registered
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TOTLE	D	DELETE	1.1 TITU	E		Change Addition
NAME	ANIDJAR, JACK		1.2 NAM	IE		
STREET ADDRESS	168 E FLAGLER STREET		1.3 STR	EET ADDRESS		
City-ST-ZIP	MIAMI FL 33131		1.4 CITY	'-ST-ZIP		
TITLE	D	<del>-</del> '		E T		Change Addition
NAME	ANIDJAR, SAMUEL		2.2 NAM	IE (		
STREET ADDRESS	168 E FLAGLER STREET		2.3 STR	EET ADORESS		
CITY-ST-ZIP	MIAMI FL 33131			Y-ST-ZIP		
TITLE		☐ DELETE 31				Change Addition
NAME			3.2 NAM	ne		ļ
STREET ADDRESS			3.3 STR	EET ADDRESS		
CITY-ST-ZIP		······································		7-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLI	ì		Change Addition
NAME			4. 2 NAN	!		į
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP		DELETE		-ST-ZIP		Change Addition
TITLE		LJ ottett	51 TiTLI	ì		Cuange C Aborton (
NAME OTREET ARRESCO			5.2 NAM	i		
STREET ADDRESS			1	ET ADDRESS		}
CITY-ST-ZIP TITLE		☐ DELÉTE	5.4 City 6.1 Title	- ST - ZIP		Change Addition
NAME			6.2 NAM			C Vitaligo C Paper(101)
1						
STREET ADDRESS			0.3 51Kt	ET ADDRESS		

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 trusice 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 adoption.

4/30/98 × 205 521.5252

**FILED** 

May 14 1998 8:00am

Secretary of State