

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000014185 (0)

1. Corporation Name

IAL 361, INC.

Principal Place of Business

950 S.E. 12TH ST.
HIALEAH FL 33010

Mailing Address

950 S.E. 12TH ST.
HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1994

4. FEI Number

65-0470558

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENRICKSON, MICHAEL R
950 SE 12TH STREET
HIALEAH FL 33010

81 Name

POLK, RHONDA S.

82 Street Address (P.O. Box Number is Not Acceptable)

950 S.E. 12th STREET

83

84

City HIALEAH

FL

85 Zip Code 33010

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

Rhonda S. Polk, Asst. Secretary

5/16/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MESECHER, BOYD	
STREET ADDRESS	950 S.E. 12TH ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERRARESI, DANIEL J	
STREET ADDRESS	950 S.E. 12TH ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BATCHELOR, MARIANNE	
STREET ADDRESS	950 SE 12TH	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, RAYMOND J	
STREET ADDRESS	950 SE 12TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALKER, RAYMOND S	
STREET ADDRESS	950 SE 12TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DAWSON, HUMPHREY	
STREET ADDRESS	950 SW 12 STREET	
CITY-ST-ZIP	HIALEAH FL	

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SIMKOVITZ, LEONARD	
1.3 STREET ADDRESS	950 SE 12TH STREET	
1.4 CITY-ST-ZIP	HIALEAH, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SEE ATTACHED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LIST FOR ADDITIONAL OFFICERS	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Rhonda S. Polk, Asst. Secretary

4/15/98

Date

(305) 889-6222

Daytime Phone #

0119364

CR2E034 (10/97)