## 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

**FILED** Jan 21 1998 8:00am Secretary of State

LI IIIAE	ES I MEN I	S OF DADE C	OUNTY, INC.									
Principal Plac	e of Busines		Mailing Ado	Iress				-{		B OLIAN OCICI O		
			•		CCT							
C/O 7355 N.W. 41ST STREET C/O 7355 N.W. 41ST STREE MIAMI FL 33166 MIAMI FL 33166					ECI							
								DO NOT WRI		SPACE		,
								3. Date Incorporated or Qualified	i i			ĺ
A Division D	V			1 -1 -1				02/28/1994		<del></del>		1
2. Principal Place of Business			<u> </u>	2a. Mailing Address				4. FEI Number		<del></del>	applied For	1
Suite, Apt. #, etc.				Suite, Apt. #, etc.				65-0473811			lot Applicable Additional	ĺ
22	<b>"</b> , 010.		27					5. Certificate of Status Desired			Regulred	ĺ
City & State	0	<del></del>	City & SI	lale		·		6. Election Campaign Financing		<del></del>	) May Be	ĺ
23			28	<u>├</u>			Trust Fund Contribution			I to Fees		
Zip		Country	Zip		Count	try		8. This corporation owes or has p	paid the cu	rent year Ir	ntangible	ĺ
24		25	29		30			Personal Property Tax due Jur			☐ No	l
	9, Name	and Address of C	current Registered Age	ent		<u></u>		10. Name and Address of New F	Registered	Agent		1
	nnett, Jos				6	Nar Nar	ne				ļ	
			IANCIAL CENTER		Ē	2 Stre	et Addre	ess (P.O. Box Number is Not Accept	able)	···· · · · · · · · · · · · · · · · · ·		l
		NE BOULEVARD						<del></del>				1
MIA	MI FL 3313	31			ļ°	3						
					8	4 City	,		FL	85 Zip	Code	
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office or r	registered ag	ent, or both, in the	State of Florida, Such of	nhanga urac a	uthorized	hu the r	corporation	on's board of directors. I hereby acc	ept the app	ointment a	s registered	١
				and No was a	101110112-00	Dy the v						
<del>-</del>	ım familiar wi	th, and accept the	obligations of, Section	607.0505, Flo	orida Statut	es.		on's board of directors. I hereby acc				
agent. I a SIGNATURE								rd when reinstaling)	DATE			
<del>-</del>		or printed name of registe	obligations of, Section and the if applicable is AND DIRECTORS						DATE			150
SIGNATURE		or printed name of registe	ared agont and the if applicable		Registered A	Agent sign		d when reinstaling)	DATE			(40/07)
SIGNATURE	PST TOLIN, H	OFFICER	ared agont and the if applicable	(NOTE	Registered A	Agent sign		d when reinstaling)	DATE	DIRECTO	RS IN 12	24 (40/07)
SIGNATURE  12. TITLE	PST TOLIN, H	OFFICER  OFFICER  IARVEY S  V 41ST ST	ared agont and the if applicable	(NOTE	13. 1.1 1/1L1	Agent sign	alure requirer	d when reinstaling)	DATE	DIRECTO	RS IN 12	E024 (40/07)
SIGNATURE  12. TITLE NAME	PST TOLIN, H	OFFICER  OFFICER  IARVEY S  V 41ST ST	ared agont and the if applicable	(NOTE	13. 1.1 TITL! 1.2 NAM 1.3 STRE	Agents gn	alure requirer	d when reinstaling)	DATE	DIRECTO Change	RS IN 12	DOE024 (40/07)
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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.