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

POCUMENT # P94000025029 (7)

ROSENFELD & STEIN, P.A.

FILED						
Feb	11	1998	8:00am			
Se	cre	etary o	of State			

Principal Place of Business Mailing Address						7	e immiides tim imitt bibit dbitt mbitt	AESSI AESSA	HOUT GIRL	, i dista tilbra takt sødt			
18280 N.E. 19TH AVE. # 202 N. MIAMI BEACH FL 33162		4	18260 N.E. 19TH AVE. # 202 N. MIAMI BEACH FL 33162			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1994							
2.	Principal Place of Busi	ness	2a.	Mailing Address					El Number			Applied For	
21	Principal Place of Business Sulte, Apt. #, etc. City & State Zip Country 25 9. Name and Address of Curre ROSENFELD, ALEXANDER M		26	6				65-0478764			Not Applicable		
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. C	ertificate of Status Desired			\$8.75 Additional Fee Required		
23	City & State		28	City & State					lection Campaign Financing rust Fund Contribution			5.00 May Be	
24	Zip	<u> </u>	29	Zıp	Goun	itry			his corporation owes or has ersonal Property Tax due Ju	•	current y	~	
_	9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
18260 N.E. 19TH AVE					ł	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83							
						34	City				L 85	Zip Code	
11	office or registered as	sions of Sections 607.05 gent, or both, in the Stat ith, and accept the obliq	e of Florii	da Such change was	authorized	by	the corporation	oration s on's boa	submits this statement for the ard of directors. I hereby acc	e purpose cept the a	ot chan ippointme	ging its registered ent as registered	
Sid	GNATURE						•						

SIGNATURE				_
		E Registered Agent signature		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addit	tion
NAME	ROSENFELD, ALEXANDER M	1.2 NAME		
STREET ADDRESS	18260 N.E. 19TH AVE., # 202	1.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	1.4 CITY - ST - ZIP		
TITLE	DELETE	2,1 TITLE	Change Addit	tion
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		ı
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addit	ion
NAME		3,2 NAME		[
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY - ST - ZIP		ل
TITLE	DELETE	4.1 TITLE	Change Addit	lion
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		j
TITLE	L. DELETE	5.1 TITLE	Change Addit	ion
NAME		5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	Change Additi	ion
NAME		6.2 NAME)
STREET ADDRESS		6.3 STREET ADDRESS		
CITY_ CT. 710		& A CITY ST. 7ID		- 1

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:

and The state of t

61chm 1000 250408080

CR2E034 (10/97)