## 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

DOCUMENT # P9400026603 (8)

**FILED** Mar 13 1998 8:00am Secretary of State

DAYEN		0020000 (0)				HAR ORBIG BONG BONG GENERALINI IRAN
Principal Plac	e of Business	Mailing Address			<u> </u>	# <b>## 11910 6</b> 414 <b>6 6</b> 1411 <b>40100 1</b> 011 <b>101</b>
2130 NE 123RD ST 2130 NE 123RD NORTH MIAMI FL 33181 NORTH MIAMI FL US US					DO NOT WRITE IN	THIS SPACE
•		00			3. Date Incorporated or Qualified	
					04/04/1994	ĺ
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26					65-0487029	Not Applicable
Suite, Apt.	#, etc.	Suite Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	7 \$8.75 Additional
22		27			or continuous or states position	Fee Required
City & State	e	City & State	<b>⊢</b> ′		6. Election Campaign Financing	\$5.00 May Be
23 Zin	Country	Zip Country		Trust Fund Contribution L	Added to Fees	
Zip	Country	Zip	⊢n .	ry	8. This corporation owes or has paid the	
24	9, Name and Address of Curr	29	30		Personal Property Tax due June 30.  10, Name and Address of New Regist	
	##**	ant Hogistored Agent	8	1 Name	ID. Haine and Address of New Hegist	ered Agent
CASEY, VALEDIA M			Ľ	, tanto		
	O NE 123RD ST		8	Street Add	dress (P.O. Box Number is Not Acceptable)	
NUI	RTH MIAMI FL 33181		1	3		
				<u> </u>		
			8	4 City		FL 85 Zip Code
SIGNATURE					rporation submits this statement for the purp ation's board of directors. I hereby accept th	ose of changing its registered e appointment as registered
	Signature, typed or printed name of registered a			igent signature requ		DATE
12.		ND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12  Change Addition
TITLE	•		1.1 TITLI			El Change El Addition
NAME	CASEY, VALEDIA M.		1.2 NAM			
STREET ADDRESS	600 SURFSIDE BLVD SURFSIDE FL			ET ADDRESS		
CITY-ST-ZIP TITLE	SURFSIDE FL	DELETE	2.1 TITLE	-ST-ZIP		Change Addition
NAME			2.1 VIAL			E cuming
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	,			i	·*.	
TITLE	<del></del>	DELETE	3.1 TITLE	'-ST-ZIP		Change Addition
NAME			3.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM	E		
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAM!	:		
STREET ADDRESS			5.3 STRE	ET ADDRESS		İ
CITY - \$T - ZIP			5.4 CITY	1		
TITLE		DELE <b>TE</b>	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAM	:		
STREET ADDRESS			63 STRE	et address		
CITY-ST-ZIP			6.4 CITY	·ST - ZIP		
14. I hereby c	ertify that the information supplied	with this filing does not qualify fo	r the exem	ption stated in	Section 119.07(3)(i), Florida Statutes. I furth	ner 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 chapter or a statute or

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