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 # P94000050702 (7)

Principal Place of Business 11123 GRIFFING BLVD BISCAYNE PARK FL 33161		Mailing Address		
		11123 GRIFFING BISCAYNE PARK		
Principal Place of Business				
–	ness	2a. Mailing Addre	ss	
–	ness	28. Mailing Addre 26 Suite, Apt. #, e		
Suite, Apt. #, etc.	ness	26		
Suite, Apt. #, etc.	ness	26 Suite, Apt. #, e		
Suite, Apt. #, etc. City & State 23		26 Suite, Apt. #, e 27		
Suite, Apt. #, etc. 22 City & State	Country	26 Suite, Apt. #, e 27 City & State		

FILED Jan 15 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					#1111	
11123 GRIFFING BLVD		11123 GRIFFING BLVD				
BISCAYNE PA	ARK FL 33161	BISCAYNE PARK	FL 33161		DO NOT WRITE IN TH	HC SEIACE
					3. Date Incorporated or Qualified	io or Not
İ					07/08/1994	
2. Principal P	lace of Business	2a. Mailing Addre	ss		4. FEI Number	Applied For
21		26			65-0532406	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	elc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat		City & State				Fee Required
23	e	28]			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Count	v	This corporation owes or has paid the	Added to Fees
24	25	29	30	,	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Register	ed Agent
LE	OPOLD, KAREN S		8	Name		
	801 BISCAYNE BLVD		8:	Street Add	dress (P.O. Box Number is Not Acceptable)	
	ITE 501		_			,
AV	ENTURA FL 33180		8	'		
			84	City		. 85 Zip Code
11 Durayani	to the provisions of Contions 607.0	102 and 607 1100 I have	Statutes the she		F	
office or r	egistered agent, or both, in the Sta	de of Horida, Such chang	e was authorized b	ve-named cor ly the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	e or chariging its registered in
	m tamiliar with, and accept the ob-	igations of, Section 607.0	505, Horida Statute	S.		
SIGNATURE	Signature, typed or printed name of registered a	rgert and title if apple ship	(NOTE Registered Ar	ient signaturi, regio	ined when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DEt	TE 11THLE	T		Change
NAME	ZE FERETTI, LEO C		1.2 NAME			
STREET ADDRESS	11123 GRIFFING BLVD		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	BISCAYNE PARK FL 33161		1.4 CITY-	ST-7IP		
TITLE		D£U				L Change Addition
NAME CTOSET ADDRESS			2.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP TITLE		DELI	2 4 City: TE 3.1 To LE	SI-7F		Change Addition
NAME			3.2 NAME			coords
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			3.4 CITY			
TITLE		DELL				Change Addition
NAME			4. 2 NAME	Ì		
STREET ADDRESS			4.3 STREE	TADDRESS		
CITY-ST-ZIP			4.4 GHY-	ST - 7IP		
TITLE		□ D€LE	TE 511H(F			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	ADDRESS		
CITY-ST-ZIP		- Dreet	5.4 CITY-	ST - 7IP		
TITLE		□ DELE	E			Change Addition
NAME CTREET ADDRESS			6.2 NAME	IDDUTOS		
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			6.4 CHY+	ST- ZIP		1

14. Thereby 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 supplied phalal annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation of the receiver of trustee impressed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed to on an attacking all with an address.