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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

P94000066880 (3)

TZVAI BALABOOSTAS, INC.

Principal Place of Business	Mailing Address
20103 NW 28 CT	20103 NW 28 CT
MIAMI FL 33056	MIAMI FL 33056

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			i afaiteat ain làite aifin a	r nearinear une laint noutr, annit natit parit parit autre auter laite anit later							
20103 NW	28 CT	20103 NW 28	CT								
MIAMI FL 3	3058	MIAMI FL 3305	6			DO NO.	WRITE IN THIS	PDACE.			
						3. Date Incorporated or Qu		OFACE			
						09/12/1994	iamica				
2. Principal P	lace of Business	2a. Mailing Addre	988			4, FEI Number		I A	oplied For		
21		26				65-0522937		— — —	ot Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						Additional					
27					Certificate of Status Des	ired \square		equired			
City & State City & State			- ·······			6. Election Campaign Fina	ncing	\$5.00	May Be		
23	_	28				Trust Fund Contribution			to Fees		
Zip	Country	Zip	Co	ountry		8. This corporation owes o	has paid the cu	rrent year Int	langible		
24	25	29	30			Personal Property Tax d] No		
	9. Name and Address of Curre	ent Registered Agent		-		10. Name and Address of	New Registered	Agent			
	UPRASKI, LOUIS A			81	Name						
	11900 BISCAYNE BLVD			82	Street /	Address (P.O. Box Number is Not A	Idress (P.O. Box Number is Not Acceptable)				
	UITE 78-										
N	IIAMI FL 33181			83							
				84	City			85 Zip	Code		
							FL				
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	02 and 607 1508, Florid e of Florida, Such chanc	a Statutes, the	above ed by	e-named	corporation submits this statement poration's board of directors. I beret	for the purpose o	f changing it	ls registered		
agent. I a	m familiar with, and accept the obli-	gations of Section 607.0	505, Florida St	alutes	6.	solution of Sound of Gilboloid. Thereby	y docopi ino opi	Jointer John Go	Togratoroo		
SIGNATURE		·									
46	Signature, typed or printed name of registered at	gent and title if applicable ND DIRECTORS			nt signature	required when reinstating)	DATE	2 DIDEOTOE	20 11 40		
12.	PD OFFICE NS AI	DEI DEI	13 ETE 11	: THEE		ADDITIONS/CHANGES TO	J OFFICERS AIN	Change	Addition		
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	00400 4844 00 07			ADDRESS							
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CITY-ST-ZIP	MIAMI FL 33056			CATY-S					1		
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STREET ADDRESS					ADDRESS						
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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. (FILEN PADA)