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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P94000093916 (2)

FILED May 27 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address							Leanish of fall side same and same state fills side to	ALL GILL INTE	
7890 NW 60TH ST 7990 NW 60TH ST MIAMI FL 33166 MIAMI FL 33166									
MIAMI FE 33100							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							12/29/1994		
_	incipal Place of Bus	ness	2a. Mailing Address					pplied For	
21	ide And H ato		Suite, Apt. #, etc.			 -		ot Applicable	
Suite, Apt. #, etc.			27 Suite, Apt. #, etc.					Additional equired	
City & State			City & State				·····	May Be	
23	•		28					to Fees	
	Zip Country		Zip	Zip Country			8. This corporation owes or has paid the current year in	tangible	
24		25 29		30	30		Personal Property Tax due June 30. Yes XNo		
		t Registered Agent	· · · · · · · · · · · · · · · · · · ·			10. Name and Address of New Registered Agent			
	KATHLEEN B				81	Name			
Smoler, Lerman, Bente & Whitebook, P.A.					82	Street Add	dress (P.O, Box Number is Not Acceptable)		
3940 NATIONSBANK TOWER 100 SE 2N			se 2ND street						
	MIAMI FL 33	131			83				
					84	City	FL 85 Zip	Code	
11 Dura year to the provinces of Captions 607 0500 and 607 1509 Florida Captutas					bour	named so		its registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGN	IATURE Signature Ivuo	for profed name of registered age	int and tine it applicable	INOTE Registere	d And	nt signature cod	uired when reinstating) DATE		
12.	org man of the	OFFICERS AND		13.	o / igi	an angricular rod	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 12	
TITLE	DP DP	OP □ DELETE		1.1 11	1.1 TITLE		Change	Addition	
NAME			1.2 NA		AME			13	
STREET	ADDRESS 7990 N	W 60TH ST		1.3 \$	TREET	ADDRESS		l l	
CITY-S	ZIP MIAMI FL		1.4 0	1.4 CITY-ST-2IP					
TITLE	D/S	= 1 =		211	21 TITLE		Change	Addition	
NAME		L, INA P		22 N	AME				
STREET		W 60TH ST		235	TREET	ADDRESS			
CITY-S		FL 33166				ST-ZIP			
TITLE	200011		☐ DELETE				∟ Change	☐ Addition	
NAME	1			3.2 N					
	6414041	W 60 STREET				ADDRESS			
CITY-S				3.4, CITY-ST-ZIP		Change	Addition		
TITLE				4.2 NAME		Change	L_1 KOOIIIOII		
NAME		W 60 STREET				YDODECC			
ľ	TREET ADDRESS 7990 NW 60 STREET ITY-ST-ZIP MIAMI FL 33166			1	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			1	
TITLE	PE-TIL SAMENIAN	DELETE 5.1 TO			1- ZIF	Change	Addition		
NAME	524				600002538676				
1	TADORESS		1	53 STREET ADDRESS		-05/28/9801027027			
CITY-S					ITY-S		***150.00	\sim	
TITLE	· · · ·				0		,		
I	ŀ		L_J DELETE	6.1 1	TLE	l	Change	Addition	
NAME			L_J DELETE	6.1 Th				Addition	
	ADDRESS :		L.J DELETE	6.2 N	AME	ADORESS		Addition	
			L.) DELETE	6.2 N/ 6.3 ST	AME			Addition	

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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the advantation 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 exportation or the receiver or trusted empowered to except this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or only attachment with an address.