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 #

FILED Feb 12 1998 8:00am Secretary of State

	FUTURE E		MONIC ENT			00 (0)									
Princ	cipal Place of	Business			Mailing A	ddress					P POURIOUS IN MANUT WHAT WORLD DOLL		NINE ILLIA BILLO: I	DIDA KIR IBAK	
248 E. FLAGLER ST. 248 E. FLAGLER ST.															
MIAMI FL 33102 MIAMI FL 33102											DO NOT HIGHE IN THIS SOLOF				
											DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
											01/13/1995	4		.	
2. P	2. Principal Place of Business					2a, Mailing Address					4, FEI Number		T A	pplied For	
21	•			- -	26						65-0547392			ot Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.						5. Certificate of Status Desired			Additional	
22					27						8. Certificate of Status Desired		Fee F	equired	
City & State					City & State						6. Election Campaign Financing	F4		May Be	
23	 				28						Trust Fund Contribution Added to Fees				
	ip	 -			h			Country			8. This corporation owes or has				
24	25 9. Name and Address of Current				29 30 30 Segistered Agent						Personal Property Tax due Ju 10. Name and Address of New			No	
								81	Name		10.				
FEINBERG, JEFFREY 4651 SHERIDAN STREET, SUITE 300											(0.0 Day N 1- N-4 N-4 N-4			·	
HOLLYWOOD FL 33021								82 Street Addre			ss (P.O. Box Number is Not Accept	able)			
TIOLET WOOD TE GOOET								83							
												· · · · · · · · · · · · · · · · · · ·		0.4	
								84 City				F	L 85 Zip	Code	
11.	Pursuant to the	e provision prov	ons of Sections ont, or both, in	the State of F	id 607.150 Jorida Suc	8, Florida Statu h change was on 607.0505, Fl	les, the ab authorized orida Stati	ove by	-named the corp	corpoi poratio	ration submits this statement for the n's board of directors. I hereby acc	purpose ept the ap	of changing opointment a	its registered registered	
	NATURE			_								DATE			
12.	Signa	iture, typed c	or printed name of re	CERS AND DI		ble (NOI	13.	Agei	nt signature	required	when reinstating) ADDITIONS/CHANGES TO OF		UD DIRECTO	BS IN 12	
TITLE								1.1 TITLE			100110100000000000000000000000000000000	1021071	Change	Addition	
NAME	ME RAY, SHOUA				· ·			1.2 NAME							
STREE	STREET ADDRESS 248 E FLAGLER ST				1.3			1.3 STREET ADDRESS							
CITY-ST-ZIP MIAMI FL			_				1.4 CIT	Y-S1	T-ZIP						
TITLE	S	}				DELETE	2.1 111	E					Change	Addition	
NAME		SHOUA,					2.2 NAI	ME	- 1					:	
STREE			AGLER ST				2.3 STF	IEET.	address						
CITY-	ST-ZIP N	MAMI FL	<u> </u>				2. 4 CI	Y-\$	T-ZIP						
TITLE						DELETE	3.1 717						Change	☐ Addition	
NAME							3.2 NA							•	
	TADDRESS								ADDRESS		\$ - *·			: [
CITY-S	ST-ZIP			···-		DELETE	3 4. Cit		T-ZIP				Change	Addition	
TITLE	}					LJ OLLETE	4 1 1111		{				C CHANGE		
	2010001.7						4. 2 NA		1000000						
	T ADDRESS								ADDRESS						
CITY - S	91-4IF					DELETE	4.4 CIT 5.1 TITI		1-212			·-··	Change	☐ Addition	
NAME	ì						5.2 NA		l l						
	T ADDRESS						r		ADORESS					. 1	
CITY							5.4 CIT								
TITLE						DELETE	6.1 TIT						Change	Addition	
NAME	}						6.2 NA	ΜE	- 1					:	
STREET	T ADORESS						6.3 STF	EET.	ADDRESS]	
CITY-S	\$1 - ZIP						6.4 CIT	Y- \$1	T- 21P						

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 or an attachment with an address.

SIGNATURE: