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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 05 1998 8:00am

ANNUAL REPORT 1998			Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			Secretary of State		
	MENT # P9500 . M. Schulefand, p.a.	002197	'6 (2)) 183/1827 (FE 18/8) 6/10 ES/11 8E/11 6S/11 SS/11 SS/11 SS/11 SS/11 (ISSE 18/11 18E) 6 S/11 ISSE	
Dringland Olog	- d 9	Admillion Ande						
Principal Place 1101 BRICKE		•	Mailing Address 1101 BRICKELL AVENUE					
1801	IL AVENUE	1801						
MIAMI FL 33131 US		Miami Fl 33131 Us					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
•		00					03/09/1995	
2. Principal Place of Business		2a. Mailing Address				·- ·-··	4. FEI Number Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					65-0558343 Not Applicab	
22	π, θιο.	27 Suite, A)	pi. #, etc.				5. Certificate of Status Desired See Required	
City & State	в	City & S	tate				6. Election Campaign Financing \$5.00 May Be	
23		28	·				Trust Fund Contribution Added to Fees	
Zip	Country	Zip		Cou	ntry	1	8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Curre	29 ant Registered Ag		30	-		Personal Property Tax due June 30, Yes No 10, Name and Address of New Registered Agent	
AR	ONFELD, SPENCER M				81	Name	10, 100, 100, 100, 100, 100, 100, 100,	
2121 PONDE DE LEON BLVD, 721 CORAL GABLES FL 33134					82 Street Address (P.O. Box Number is Not Acceptable)			
						Olloct Madi	1005 (1.0. DOX NUMBER 15 NOT ACCEPTABLE)	
					83			
				ŀ	84	City	FL 85 Zrp Code	
agent. I ar SIGNATURE	m familiar with, and accept the obti	gations of, Section	607.0505, Flo	rida Statı	utes	l.	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered red when reinstating?	
TITLE	OFFICERS A	ND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	SCHULEFAND, DANIEL M	Ĺ	T) percit	1.1 T/T 1.2 NA				
STREET ADDRESS	501 BRICKELL KEY DR SUI	TE 504				ADDRESS		
CITY-ST-ZIP	MIAMI FL			1.4 CIT				
TITLE			DELETE	2.1 7(1	LE		Change Addition	
NAME				2.2 NAI		-		
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP TITLE			DELETE	2. 4 Ci		1-2IP	☐ Change ☐ Additio	
NAME		_		3.2 NA		}	the control of the co	
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP			-	3.4. CI	1Y-S	T-ZIP		
TITLE		L] DELETE	4.1 7(7)		İ	Change Additio	
NAME STREET ADDRESS				4. 2 NA		ADDDCCC		
CITY-ST-ZIP				4.3 ST		ADDRESS		
TITLE			DELETE	5.1 TITI		, =11	☐ Change ☐ Addilio	
NAME				5.2 NA	ME			
STREET ADDRESS				5.3 STA	REETA	ADDRESS		
CITY-ST-ZIP			1 pri tre	5.4 CIT		r-zip		
TITLE		L	DELETE	6.1 TITL		-	Change Addition	
NAME STREET ADDRESS				6.2 NAF		ADDRESS		
CITY-SI-ZIP				6.4 CIT				

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 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. 02/10