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 #

P95000025457 (9)

CRISNICK INC.

FILED May 13 1998 8:00am Secretary of State



B /							
Principal Place of Business Mailing Address					* (· ranional tim rates mitte matte deter meter meter fille britt fille billi (66) (66)	
10179 S.W. 2 MIAMI FL 33		10179 S.W. 200 ST. MIAMI FL 33157	10179 S.W. 200 ST. MIAMI FL 33157		DO NOT WRITE II	N THIS SPACE	
					3. Date Incorporated or Qualified		
					03/27/1995		
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 26 Suite, Apt. #, etc.			Suite, Apt. #, etc.		65-0609287	Not Applicable	
 		27				\$8.75 Additional Fee Required	
 		r	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip			Coun	Country 8. This corporation owes or has paid the current year Intangible			
24	25	29	30		Personal Property Tax due June 3	0. ☐ Yes ☐ No │	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regi	stered Agent	
	GARO, WINFORD H		1	31 Nam	ne	í	
1	179 S.W. 200 ST. AMI FL 33157		8	32 Stree	et Address (P.O. Box Number is Not Acceptable) ;	
MI		1	33				
•			[34 City		85 Zip Code	
office or i agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida Such change was jations of, Section 607.0505, F	authorized Iorida Statu	by the colles	ed corporation submits this statement for the pur corporation's board of directors. I hereby accept	pose of changing its registered the appointment as registered	
SIGNATURE	Signature, typeti or printed name of registered ag	ent and title if applicable (NO	IL Registered	Agent signal	lure required when reinstaling)	DATE	
12.	· ,	ID DIRLCTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D DELETE FIGARO, WINFORD H SR		1.1 TITL	E		☐ Change ☐ Addition	
NAME			1.2 NAM	1E		[;	
STREET ADDRESS	10179 SW 200 ST.		1.3 STR	eet addres	ss	li	
CITY-ST-ZIP	MIAMI FL 33157		1.4 City	-ST-ZIP			
TITLE	D DELETE		2.1 TiTL	E		Change Addition	
NAME	FIGARO, JUDITH V		2.2 NAM	IE			
STREET ADDRESS	10179 SW 200 ST.		2.3 STRI	EET ADDRES	SS		
CITY-ST-ZIP	MIAMI FL 33157			Y-ST-ZIP			
TITLE	DELETE		3.1 TITL		·	☐ Change ☐ Addition	
NAME OTOGET ABOUTOR			3.2 NAM				
STREET ADDRESS				EET ADDRES:	· S		
CITY-ST-ZIP TITLE			3.4. CHY 4.1 TITL	r-ST-ZIP		Change Addition	
NAME			4.1 IIIL			C Swange C Addition	
STREET ADDRESS			•	et addres:	s		
CITY-ST-ZIP				- ST - ZIP	~		
TITLE			5.1 TITL			☐ Change ☐ Addition	
NAME			5.2 NAM	ΙE		34	
STREET ADDRESS				ET ADDRESS	s	3/1.2	
CITY-ST-ZIP			5.4 CITY	-ST-ZIP		シル	
TITLE		DELETE 61 TI				Change Addition	
NAME			6.2 NAM	E	600002526	1016	
STREET ADDRESS			6.3 STRE	E1 ADDRESS	600002526 -05/15/9801105	n13	
CITY-ST-ZIP				-ST-ZIP	###156 88		
14. I hereby o	certify that the information supplied w	rith this filing does not qualify (for the exen	notion sta	ated in Section 119,07(3)(i), Florida Statutes, I fur	ther 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 truslee 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.