PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # P95000027267 (0)

rincipal Place of Business	Mailing Address
9700 SOUTH DIXIE HIGHWAY	9700 SOUTH DIXTE HIGHWAY
SUITE 1900 MIAMI FL 33158	SUITE 1000 MIAM FL 33156

**FILED** Feb 03 1998 8:00am Secretary of State



9700 SOUTH DIXTE HIGHWAY 9700 SOUTH DIXTE HIGHWAY SUITE 1990									
MIAMI FL 33156 MIAMI FL 33156				Do	DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated	3. Date Incorporated or Qualified				
					04/03/1995				
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		A	oplied For	
21		26			65-0577460		No	ot Applicable	
Suite, Apt # etc. 22 1678 NG 205 Terrage 27 3690 NG			19:	5 6	h P 5. Certificate of Statu	s Desired		Additional equired	
City & Stat	iami, Florida	City & State  28 Ave where	7. FI	forid	6. Election Campaign 7 Trust Fund Contrib	~ —		May Be to Fees	
Zip 33 (	79 25 Country A	Zip 29 33 j 80	Count	SA	8. This corporation or Personal Property	ves or has paid the co	urreyit year int		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
KΔ	NTOR, CHARLES ESQ		8	Name	•				
3690 NE 195-CF LANE			-						
AVENTURA FL 33180			82	82 Street Address (P.O. Box Number is Not Acceptable)					
]	21110111112 00100		83	3					
			84	City		FI	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607,1508, Florida Statutes	the abov	/e-named	corporation submits this state	ment for the purpose	of changing it	s registered	
agent. i a	registered agent, or both, in the state of im familiar with, and accept the obligation	tions of, Section 607.0505, Flori	inorizea c da Statute	iy ine corj es.	poration's poard of directors, I	nereby accept the ap	pointment as	registerea	
SIGNATURE								Ì	
	Signature, typed or printed name of registered agen		Registered Ag	jent signature	required when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITION\$/CHANG	ES TO OFFICERS AN			
TITLE	D	☐ DELETE 1.1 T				/	Change	Addition	
NAME	KANTOR, LONNIE		12 NAME		K78 NE 201	Tern			
STREET ADDRESS	9700 SOUTH DIXIE HIGHWAY.	SUITE 1000	1.3 STREE	TADDRESS	10				
CITY-ST-ZIP	MIAM FL 33158		1.4 CITY-	ST-ZIP	Minn., A.	33 (79			
TITLE	D	DELETE	2.1 TITLE				Change	Addition	
NAME	KANTOR, BRIAN		2.2 NAME						
STREET ADDRESS				T address	1678 N 5 205	Cels			
CITY - ST - ZIP	MIAMI FL 83156 2			ST-ZIP	Miani H	33179			
TITLE	D	☐ DELETE	3.1 TITLE				Change	☐ Addition	
NAME	KANTOR, CHARLES	\	3.2 NAME	İ					
STREET ADDRESS	°9700 SOUTH DIXE HIGHWAY,	SUITE 100%	3.3 STREE	T ADDRESS	1678 NE 205				
CITY-ST-ZIP	MIAMI FL 33456		3.4. CITY-	ST-ZIP	Miani, f	( 33179			
TITŁE	-	☐ DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					
TITLE	ACCIANATI MENTINATION OF THE PROPERTY OF THE P	DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME					1	
STREET ADDRESS			5 3 STREE	T ADDRESS				1	
CITY - ST - ZIP			5.4 CITY - 1					İ	
TITLE		DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME	i				-	
STREET ADDRESS			I						
			63 STREE	LADDRESS				1	
CITY-ST-ZIP			6.3 STREET 6.4 CITY - S	T ADDRESS					

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I rurtner certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I rurtner certify that the information indicated on this annual report of 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 chapter or on an attachment with an address.

GNATURE:

GNATURE: