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 # 1. Corporation Name P95000027794 (3)

FEMARAH CORP.

FILED May 05 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						- I I DENINDER VIOLENCE I DIVIN DONNE BONN DERN	(01 110 (1011 (001(1		AL BLUL LABL	
1600 NE 205 TER. 1600 NE 205 TER.										
N. MIAMI BEACH FL 33179 N. MIAMI BEACH FL 33179						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified		·		٦
						04/04/1995				
2. Principal Place of Business 20. Mailing Address						4. FEI Number	FEI Number Applied For			
26 Suite, Apt. #, etc. Suite, Apt. #, etc.						65-0580376		Not Applicable		
22	•	Suite, Apt. #, etc.	- 1			6. Certificate of Status Desired	1 1 7 -	\$8.75 Additional Fee Required		
City & Stat	le .	City & State	 /7			Election Campaign Financing Trust Fund Contribution Added to Fees				7
Zip				ountry 8. This corporation owes or has paid the current year Intangible						1
24	2529					Personal Property Tax due June 30. 🔲 Yes 📈 No				
	9. Name and Address of Current	Registered Agent		81		10. Name and Address of New Reg	stered Agent]
MONDESIR, EVENETTE					Name					
11100 NW 5TH AVE.				82	Street A	Address (P.O. Box Number is Not Acceptable)			1
M	AMI FL 33168			83						1
				84	City		85	Zip C	Code	-
							PL	-		1
11. Pursuant office or i agent. La	to the provisions of Sections 607.0502 registered agont, or both, in the State arm familiar with, and accept the obliga	? and 607.1508, Florida Statut of Florida: Such change was : tions of, Section 607.0505, Fl	es, the a authorize orida Stal	bove d by tutes	e-named (the corp s.	corporation submits this statement for the punoration's board of directors. I hereby accept	rpose of chang the appointme	ging its ant as r	registered registered	
SIGNATURE										
Signifivre, typod or printed name of registered agent and title if applicable (NOTÉ Re					ni signature i	required when reinstating)	DATE			٦٢
12.	OFFICERS AND DIRECTORS Delete		13.	13.		ADDITIONS/CHANGES TO OFFICE	:RS AND DIRE		Addition	36
NAME	POBLAH, MARLENE			1.2 NAME				iai ige	L Addition	_(`~
	STREET ADDRESS 224 SPRING GARDEN, DOLLAR DES ORMEAUX				ADDRESS					F03
CITY-ST-ZIP	P. QUE. H9B-2J1	WI ODO OTHINGTON	1.4 CiT		1					12
TITLE	DELETE DELETE			2.1 7ITLE			Cr	nange	Addition	78
NAME	POBLAH, FELIX			AME						
STREET ADDRESS	224 SPRING GARDEN, DOLLAR DES ORMEAUX			REET	ADDRESS					
CITY-ST-ZIP	P. QUE. H9B-2J1			(TY-S	T-ZIP					
TITLE	D [] DELETE			TLE	- (L C∤	nange		
NAME				AME						
STREET ADDRESS 224 SPRING GARDEN, DOLLAR DES ORMEAUX CITY-ST-ZIP P. QUE. H9B-2J1				3.3 STREET ADDRESS 3.4. CITY+ST-ZIP						1
CITY-ST-ZIP TITLE	D D D D D D D D D D D D D D D D D D D	DELETE	3.4. C		T-ZIP		110	nange	Addition	┨
NAME	POBLAH, CASSANDRE S 4.111			j			KATI Y C	Addition		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	B OUT HOD ALL				- 1					i
TITLE	D	DELETE	4.4 CITY - 5.1 TITLE				□ cr	nange	Addition	1
NAME	POBLAH, RICARDO C		5.2 NAME							
STREET ADDRESS			5.3 \$1	5.3 STREET ADDRESS						1
CITY-ST-ZIP	PEMBROKE PINES FL 33024	ABROKE PINES FL 33024 54		<u>1Y</u> -\$1	T- 21P		_	_		
TITLE	D	DELETE	6.1 TI	TLE			☐ Ch	ange	Addition	1
NAME	POBLAH, KITOKO F			ME						
STREET ADDRESS				REET	address					
CITY-ST-ZIP P QUE. H9B-2JI 14. I hereby certify that the information supplied with this filipty does not qualify for the				TY - 51	T-ZIP	····				1
14. I hereby	certify that the information supplied wit	th this filing does not qualify for	or the exe	mpl	tion state	d in Section 119.07(3)(i), Florida Statutes. I fu	irther certify th	at the	information	1

I hereby certify that the information supplied with this filipt 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 occurate 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 of 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 that my name address.

CIGNATURE

Brung-Courses

IELIX POBLAH

04/27/98 (305)60/930