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 #

NT # P95000028137 (4)

FILED May 20 1998 8:00am Secretary of State

i. Corporatio		> 4			
SKY DOG, INC.					
			* W.A		
Principal Plac	e of Business	Mailing Address		I IDDAIDDE SID IDIDI DIPK EDEIK DEIIE GOIEI BOKI	I KANDA NAKAN MANDA MANI KANTAN INSA
51 SW 9TH STREET MIAMI FL 33130		51 SW 9TH STREET MIAMI FL 33130		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	3 3FACE
				04/05/1995	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0573828	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		<u> </u>	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	[25]	29 3	10	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
PUYANIC, MAX D			81 Name		
51 SW 9TH STREET			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33130			83		
			84 City	F	85 Zip Code
11 Pureuant	to the provisions of Sections 607.05	-02 and 607 1508 Elevida Statutos	the above-pamed corn		
office or r	registered agent, or both, in the Slat	le of Florida. Such change was au	thorized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap-	opointment as registered
	an ramiliar with, and accept the obli	gations of, Section 607,0505, Flori	da Statutes.		
SIGNATURE	Signature, typical or protect name of registered a	ocnt and the if apolicable (NOTL)	Registered Agent signature requir	red whon roinstating) DATE	
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	CV	DELETE	1.1 TILLE		Change Addition
NAME	BERTOLD, RICHARD		1.2 NAME		
STREET ADDRESS	28405 SW 170 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL		1.4 C(1Y-ST-ZIP		
TITLE	PST	☐ DELETE	2.1 TITLE		Change Addition
NAME	MATHESON, RON		2 2 NAME	•	
Street address	12711 EAGLE'S NEST		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOKEELIA FL		2. 4 CITY - ST - ZIP		
TITLE		DELFTE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		- Deleve	4 4 CITY - ST - ZIP		
TITLE		DELETE	51 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		DELFTE	5.4 CITY-ST-7IP		Change Addition
TITLE		ריז הנינונ	6.1 TITLE		Change Addition
NAME CIRCL ADDOCCO			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - \$1 - 7IP		

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 coeyver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or on an attachment with an address.

SIGNATURE

island Bestard

11/22/08 (305)372-3777