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 P95000029637 (2)

Mailing Address
19559 N.E. 10TH AVENUE N. MIAMI BEACH FL 33179

FILED May 15 1998 8:00am Secretary of State



						<u> </u>		#
Principal Place of Business Mailing Address							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
19559 N.E. 10TH AVENUE 19559 N.E. 10TH AVENUE								
N. MIAMI BEACH FL 33179 N. MIAMI BEACH FL			19			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						04/14/1995		
2. Principal P	Place of Business	2a. Mailing Address	***			4. FEI Number	TA _D	plied For
21		26				58-2177084	<u> </u>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					¬ \$8.75 A	Additional
22 27		27	·]			5. Certificate of Status Desired	Fee Re	quired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	o Fees
Zıp	Country	Zip	Count	ry		8. This corporation owes or has paid t		
24	25		30			Personal Property Tax due June 30.		J No
	9. Name and Address of Currer	nt Registered Agent		1	Name	10. Name and Address of New Regis	tered Agent	
	RNHAUM, MARC		°	"	Name			ŀ
1	801 BISCAYNE BLVD.		8	2	Street Addre	ess (P.O. Box Number is Not Acceptable)		
1	JITE 400 IAMI FL 33180		8	3				
,,,,,	-um 1 2 00 100		8	4	City		85 Zip (Code
							FL	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered age	ont and title if applicable (NOTL	Registered A	igent	il signature require	pd when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER		
TITLE	PS PS	☐ DELETE	1.1 TITLE				Change	Addition
NAME	JACOB, ALLAN I		1.2 NAM	E				
STREET ADDRESS	4345 MERIDIAN AVE.		1.3 STRE	ET A	address			
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY-		· ZIP		[] (St	T Addition
TITLE		DELETE	2.1 1071.8				Change	Addition
NAME			2.2 NAME		İ			
STREET ADDRESS			2.3 STREET		1			
CITY-ST-ZIP		DELETE	2. 4 CITY		i-ZIP		Change	Addition
TITLE			3.1 TITLE				E Crange	Addition
NAME			3.2 NAM					ļ
STREET ADORESS	1		3.3 STAE		1			ŀ
CITY-ST-ZIP		DELETE	3.4 CiTY- 4.1 TOLE		-ZIP		☐ Change	Addition
NAME		L_ beech	4. 2 NAM					
					ADDRESS			
STREET ADDRESS			1]			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST		- cor		Change	Addition
NAME		Las Section	5.2 NAM		}			
STREET ADDRESS			5.2 NAM 5.3 STRE		ADDRESS			ļ
CITY-S1-ZIP			5.4 CITY					
TITLE		☐ DELETE	61 TITLE	_			☐ Change	Addition
NAME			6.2 NAM				_ ,-	`
STREET ADDRESS			6.3 STRE		ADDRESS			
CITY-ST-ZIP	}		6.4 City					
44 11 (***	A		0.4 0.11	91		0		

I hereby 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 informatio indicated on this annual report or suppliemental arriual 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 attactiment with an address

SIGNATURE: