## 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

	MENT # P9500 DNSHAUS PRINCE OF SAX								10111 1021 1081	
Principal Place of Business Mailing Address						-	(iii <b>88</b> ( <b>)</b> 8		[]	
2800 ISLAND BLVD., #604 2800 ISLAND BLVD.										
AVENTURA FL 33160		AVENTURA FL 33160				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified		5 SPACE		
						05/08/1995				
2. Principal P	lace of Business	2a. Mailing Address				4. FEt Number			Applied For	
21		26			65-0593246		F-+	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional		
22		27					<del></del>	Required		
City & State		City & State			6. Election Campaign Financing			May Be		
Zip	Country	28 Z <sub>i</sub> p	Country	,		Trust Fund Contribution  8. This corporation owes or has p			d to Fees	
24	25	29 3				Personal Property Tax due Jun			No No	
<del></del>	9. Name and Address of Curre		<u></u>			10. Name and Address of New Registered Agent				
SC	SCHIFFMAN, ADAM R				)					
	99 NE 191ST ST., STE. 900		82 Street Add		Addre	ress (P.O. Box Number is Not Acceptable)				
NO.	PRTH MIAMI BEACH FL 33180			. <u></u>		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `				
}			83							
			84	City			FI	<b>85</b> Zip	p Code	
13 Pureuppl	to the provisions of Sections 607 Of	02 and C07 1508 Florida Statutos	the above	2 220000	d corne	ration submits this statement for the on's board of directors. I hereby acce			ita ragistarad	
SIGNATURE	Signature, typod or priciled name of registered ag	yent and title if applicable (NOTE: F ND DIRECTORS				d when reinstating)  ADDITIONS/CHANGES TO OFFI	DATE			
TITLE	D ERNST PHILIP	P PRINZ DELETE	1.1 TULE			ame		Change		
NAME	RHILIPP, ERNOT VON	P PAINZ DELETE SACHSEN·COBURG	1.2 NAME		E.P.	NOT PHILIPP PRINT	YON	2,5ACH	5EN -	
STREET ADDRESS	2800 ISLAND BLVD., #604		1.3 STREET	ADDRESS	ع ا	sme complete	A W	L)		
CITY-ST-ZIP	AVENTURA FL 33160		1.4 CITY - S	T-ZIP	<u>احا</u>	211000				
TITLE		DELETE		21 TITLE				∐ Change	Addition	
NAME			2.2 NAME	1000100						
STREET ADDRESS		ı	2.3 STREET		1					
CITY-ST-ZIP TITLE		DELETE		2. 4 CITY - ST - ZIP 3.1 TITLE				Change	Addition	
NAME		<del>_</del>	3.2 NAME							
STREET ADDRESS		'	3.3 \$1REE1	ADDRESS	Ì					
CITY-ST-ZIP			3.4 CITY- 9	11 - ZIP						
TeTLE	☐ DELETE		4.1 TITLE					Change	Addition .	
NAME			4.2 NAME							
STREET ADDRESS			4.3 STREET	ADDRESS						
CITY-ST-ZIP		T priese	4.4 CITY - S	T - ZiP	<del> </del>				a aana.	
TITLE		DELETE	5.1 TITLE					Change	Addition	
NAME STORES ADDRESS		i	5.2 NAME	Manage						
STREET ADDRESS			5.3 STREET							
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - S 6.1 TITLE	1 - ZIP	+			Change	Addition	
NAME			6.2 NAME		1				End : Wolfold	
STREET ADDRESS			63 STREET	ADDRESS	}					
CITY OF THE			CACITY C		l					

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 suppliemental annual report is fue and accurate and that my signature shall have the same logal effect as if made under eath, that I am an officer or director of the corporation or the receiver of susteen powered 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 a stachnor with a floridas.

**FILED** 

Jan 16 1998 8:00am

Secretary of State