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PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000040044 (6)

FILED Feb 18 1998 8:00am Secretary of State

ADR MANAGEMENT CORP.		I NORMAN KATARAN BARA BARA BARA BARA BARA BARA BARA
ncipal Place of Business	Mailing Address	ין אפרונים אינים אינים היארים היארים היארים אינים אינים אינים אוינים היארים היארים אינים אינים אינים אינים איני י

Principal Plac	e of Business	Mi	ailing Address		_		4 restrikke sin teran Eritt Aarri Dafti, Oditi Botti Britt Datit Atlan Britt Atlan Britt Satt
1411 SW 3			1411 SW 31ST AVE				
	BEACH FL 33069		POMPANO BCH FL 33	069			DO NOT WRITE IN THIS SPACE
US			US				3. Date Incorporated or Qualified
!							05/19/1995
2. Principal P	lace of Business	20.	Mailing Address				4, FEI Number Applied For
21		26					65-0673226 Not Applicable
Suite, Apt	₩, øfc.		Suite, Apt. #, etc.				SR 75 Additional
22		27					5. Certificate of Status Desired Fee Required
City & Stat	e		City & State				Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country	ļ,	Zip	Cou	ntry		This corporation owes or has paid the current year Intangible
24	25	29		30			Personal Property Tax due June 30. Yes No
	g. Name and Address of Curren	Regist	tered Agent		81	Name	10. Name and Address of New Registered Agent
	NNIACI, DOMINICK F			ļ	۱'"	mame	nie
_	21 EAST BROWARD BLVD.			l	82	Street	eet Address (P.O. Box Number is Not Acceptable)
F	ORT LAUDERDALE FL 33301				83		
					03		
)	84	City	S Zip Code
44 0	40 5 607 07 07	- : : : : : : : : : : : : : : : : : : :	(2 1 00 1 1 2 1 Co.)				ned corporation submits this statement for the purpose of changing its registered
office or r	to the provisions of Sections 607.0507 registered agent, or both, in the State	r and bu of Floric	uz. 1508, Florida Statut fa: Such change was a	es, the at authorized	ove Jby	the co	red corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of	, Section 607.0505, Flo	orida Stat	utes	•	
SIGNATURE	Signature, typed or profed name of rejectered ages						ature required when reinstating) DATE
12.	Signature, typed or protect name of requirement ages OFFICERS AND			13.	Age	กใ รเลกลใน	ature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	·····	DELETE	1.1 111	1 F		Change M Addition
NAME	MINIACI, DOMINICK F		C Deterior	1.2 NA			La state of the st
STREET ADDRESS	821 EAST BROWARD BLVD.					ADDRESS	oc l
1	FORT LAUDERDALE FL			1			· 1
CITY-ST-ZIP TITLE	VSD		DELETE	1,4 CH 2,1 TrT		· ZIP	☐ Change
NAME	MINIACI, ALBERT J			2.2 NA			
STREET ADDRESS	1411 SW.31ST AVE.					address	
	POMPANO BCH FL						1
CITY-ST-ZIP TITLE	TOMPANO DON FL		DELETE	2. 4 CI 3.1 TIJ		1 - ZIP	33069 Change Addition
NAME			_ DECEM	3.2 NA			C CHROSE C TOURING TO MANUFACTURE TO THE CONTROL OF
STREET ADDRESS						ADDRESS	sc
·							33
CITY-ST-ZIP TITLE			DELETE	3.4. CI 4.1 T/J		1-614	☐ Change ☐ Addition
NAME				4.2 N/			
STREET ADDRESS						ADORESS	
							20
CITY-SI-ZIP TITLE			DELETE	4.4 Ci) 5.1 TiT		- LIP	Change Addition
			[] vice it				Shange - Adultion
NAME 070cct 4000cco				52 NA		* DDD ** 0.0	
STREET ADDRESS						ADDRESS	55
CITY-ST-ZIP			DELETE	5.4 CIT		-ZIP	Change Addition
TITLE			L.J Petere	6.1 717			Change L Addition
NAME				6.2 NA			
STREET ADDRESS						address	SS
CITY-ST-ZIP				64 CI			
14. I hereby o	ertity that the information supplied wit	n this fil	ling does not qualify fo	or the exe	mpt	ion stat	tated 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 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 attachment with an address.

SIGNATURE: