## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 13 1998 8:00am Secretary of State

	1998		CORPORATIONS	Secretary	of State
	MENT # P9500 IZO PROPERTIES III, INC.	00046914 (4)			O)ANA AHUR (BIBI IIAN) BURS SABI
		·	·		
•	ce of Business	Mailing Address			
4310 NW 35 AVE 4310 NW 35 AVE MIAMI FL 33142 MIAMI FL 33142 US US				1	
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2 Principal F	Place of Business	2a. Mailing Address		06/08/1995 4. FEI Number	I Applied For
21	lace of dustriess	26		65-0587322	Applied For Not Applicable
Suite, Apt.	W, elc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b>	Country	<b>[28]</b>	Country	Trust Fund Contribution	Added to Fees
24 24	Country 25	29 29	Country 30	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current year Intangible  See No
	9, Name and Address of Curr		1301	10. Name and Address of New Registers	
LO	RENZO, HUMBERTO		81 Name		
	10 NW 35 AVE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
M	AMI FL 33142				
			83		
			84 City		85 Zip Code
44 0			<u></u>		·L   [
11. Pursuant					
office or i	registered agent, or both, in the Sta	602 and 607.1508, Florida Statu are of Florida. Such change was	ites, the above-named cor authorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	e of changing its registered appointment as registered
	registered agent, or both, in the Sta am familiar with, and accept the obt	502 and 607.1508, Florida Statuate of Florida. Such change was ligations of, Section 607.0505, F	ites, the above-named cor authorized by the corpora lorida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the a	e of changing its registered appointment as registered
office or in agent. I s SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the obl Signature, typed or printed name of registered		Ites, the above-named cor authorized by the corpora forida Statutes.  TE: Registered Agent signature requ		
	Signature, typed or printed name of registered				E
SIGNATURE	Signature, typed or printed name of registered OFFICERS A	agent and title if applicable (NO	TE: Registered Agent signature requ	ured when reinstating) DAT	E
SIGNATURE	Signature, typed or printed name of registered OFFICERS A D LORENZO, HUMBERTO	agent and rife if applicable (NO	TE: Registered Agent signature requ	ured when reinstating) DAT	E AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered OFFICERS A D LORENZO, HUMBERTO 4310 NW 35 AVE	agent and rife if applicable (NO	13. 13 TITLE 1.2 NAME 1.3 STREET ADDRESS	ured when reinstating) DAT	E AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered OFFICERS A D LORENZO, HUMBERTO	ADMIT AND DIRECTORS  DELETE	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ured when reinstating) DAT	E AND DIRECTORS IN 12  Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered OFFICERS A D LORENZO, HUMBERTO 4310 NW 35 AVE	agent and rife if applicable (NO	13. 11 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ured when reinstating) DAT	E AND DIRECTORS IN 12
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6. 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 information indicated on this annual report or suppliencentary innual 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 properties 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 on any authority with an address.

SIGNATURE:

Will an address Hourberto Losewzo 4-6-98 (305) 634-3342