ANNU	PROFIT RPORATION JAL REPORT 1998	Sandra I Secreta	RTMENT OF STATE B. Mortham ary of State CORPORATIONS		98 8:00an y of State
PARIS Principal Place 18259 PINES	2000, INC. e of Business BLVD	Mailing Address 18259 PINES BLVD			
pembroke f US	PINES FL 33029	pembroke pines fl s Us	3029		
				 Date Incorporated or Qualified 06/15/1995 	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	26 Suite, Apt. #, etc.	· <u>····································</u>	65-0591320	Not Applicat
City & State		27 City & State		5. Certificate of Status Desired	Hee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip 24	Country 25	Zip 29	Country 30	 This corporation owes or has pa Personal Property Tax due June 	
	9. Name and Address of Cu IZMAN, RACHEL S		81 Name	10. Name and Address of New Re	
11. Pursuant t office or re	to the provisions of Sections 607	0502 and 607 1508, Florida Statu	83 84 City	moration automite this statement for the s	FL 85 Zip Code
	egistered agent, or both, in the a	State of Florida, Such change was	authorized by the corpora	ation's board of directors. I hereby accept	ot the appointment as registered
SIGNATURE	egistered agent, or both, in the t m familiar with, and accept the c Signature, typed or printed name of registere		ethorized by the corpora orida Statutes.	poration submits this statement for the p ation's board of directors. I hereby accep ured when reinstating)	DATE
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applicable (NO S AND DIRECTORS	E: Registered Agent signature requ		DATE CERS AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registere	ed agent and tille if applicable (NO S AND DIRECTORS	E: Registered Agent signature requ	uired when reinstating)	DATE
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, hyped or printed name of registere OFFICERS BUZMAN, RACHEL S 18259 PINES BLVD PEMBROKE PINES FL 33 VPS GUZMAN, VIRGINIA 19121 NW 12 STREET	ed agent and tille if applicable (NO S AND DIRECTORS DELETE 1029	E: Registered Agent eigneture requinance 13. 1.1 TIRE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIRE 2.2 NAME 2.3 STREET ADDRESS	uired when reinstating)	DATE CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registere OFFICERS BUZMAN, RACHEL S 18259 PINES BLVD PEMBROKE PINES FL 33 VPS GUZMAN, VIRGINIA	ed agent and tille if applicable (NO S AND DIRECTORS DELETE 1029	E: Registered Agent signature required 13. 1.1 TIRE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIRE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIRE 3.2 NAME 3.3 STREET ADDRESS	uired when reinstating)	DATE CERS AND DIRECTORS IN 12
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