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

PROFITCORPORATIONANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P95000049071 (0)

PARBO 1815, INC.

FILED Apr 14 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address					0/N/ 08/N/ 4000/ NEW 10EM	
C/O TUMPSON & CHARCHAT, P.A. C/O TUMPSON & CHARCHAT, P.A.								
848 BRICKELL AVE SUITE 400		848 BRICKELL	848 BRICKELL AVE SUITE 400					
MIAMI FL 3	3131	MIAMI FL 3313	MIAMI FL 33131			3. Date Incorporated or Qualified	DO NOT WRITE IN THIS SPACE	
						06/22/1995		
2. Principal Pl	ace of Business	2a. Mailing Addre	:SS			4. FEI Number	Applied For	
21		26	26			65-0592414	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.				8.75 Additional	
City & State		27	- 				Fee Required	
23		-	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country Zip C		Trust Fund Contribution L. Added to Fees Country 8. This corporation owes or has paid the current year Intangeble					
24	25	29	30	•		Personal Property Tax due June 30.	·	
	9. Name and Address of Curre	nt Registered Agent	121			10. Name and Address of New Registered Age		
C	HARCHAT, STEVEN M			81	Name			
C/O TUMPSON & CHARCHAT, P.A.					Street A	ddress (P.O. Box Number is Not Acceptable)		
	18 BRICKELL AVE SUITE 400			82		indices (i.e. bexitaines to the fleephase)		
M	IAMI FL 33131			83				
				84	City	8	5 Zip Code	
						FL∣		
11. Pursuant t	o the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florid: e of Florida. Such chanc	a Statutes, the a re was authorize	above ed by	e-named of the corpo	corporation submits this statement for the purpose of cha oration's board of directors. I hereby accept the appointr	inging its registered ment as registered	
agent. I ar	m 'iam iliar with, and accept the oblig	gations of, Section 607.0	505, Florida Sta	itutes				
SIGNATURE	Signature, typed or prioted name of registered ag	ead and title of accolumntation	/NOTE: Design		-1 -:	equired when reinstating) DATE		
12,		ID DIRECTORS	13.	BO ADE	in eignamie i	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 12	
TITLE	D	☐ DEL		ITLE			Change Addition	
NAME	MARMOL, MILDRED		1.21	IAME			- —	
STREET ADDRESS 848 BRICKELL AVE SUITE 400			1.3 5	TREET	ADDRESS			
CITY-ST-ZIP	_ MIAMI FL 33131		1.4 0	ITY - ST	I - ZIP			
TITLE		☐ DEL	ETE 2.1 T	ITLE			Change Addition	
NAME			2.2 1	IAME				
STREET ADDRESS			2.3 8	TREET	ADDRESS			
City-St-ZiP				CITY-S	T - ZIP			
TITLE		☐ DEL	ETE 3.1 T	ITLE			Change	
NAME			321	IAME	ľ			
STREET ADDRESS			3.3 9	THEET	ADDRESS			
CITY-ST-ZIP				CITY-S	T-21P			
TITLE		L_] DEL				LJ'	Change	
NAME				NAME				
STREET ADDRESS					ADDRESS	1		
CITY-ST-ZIP		D DE(ITY - ST	- ZIP		Chican Daddition	
TITLE		☐ DEL				// //	Change Addition	
NAME OTREET ADDRESS			5.2 N		i Dibbeas	/// ///	114	
STREET ADDRESS					ADDRESS	~//I) Y/	<i>(</i>	
CITY-ST-ZIP TITLE		DEL.		ITY-ST	- ZIP		Dhange	
NAME		<u></u>	. 6.2 N		j	2000024 %579 2 -04/15/9801 0 04027	Parisha FT Vodinosi	
STREET ADDRESS					ADDRES\$	~~~150 50~~UNUU47~U£{		
i						***150.00		
CITY-ST-ZIP			6.4 0	ITY-ST	- ZIP			

14. 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 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, Mildred de Popola

4/10/97 0/0 305 358-8005