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

PROFIT CORPORATION ANNUAL REPORT

1998

14. I hereby certify that the information supplied with indicated on this annual report or supplementate officer or director of the corporation of the received Block 12 or Block 13 if changed, or on an attack.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000053141 (4)

| FLORIC | da group investments, | INC. | | | | | |
|--|---|--|---------------------------|-------------|---|-----------|-----------------------|
| Bringing Piece | o al Pusinasa | Mailing Addrson | | | | | |
| Principal Place of Business 4503 N.E. 23 AVE. FT. LAUDERDALE FL 33308 WS Address 4305 N.E. 23 AVE. FT. LAUDERDALE FL 33308 US | | | 30 6 | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualified 07/11/1995 | | |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | 4. FEI Number | Ar | plied For |
| 21 26 | | | | | 65-0597522 | | ot Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 7 | Additional equired |
| City & Stat | e | City & State | ¬ · | | 6. Election Campaign Financing | * | May Be |
| Zip | Country | 28 | Zip Country | | Trust Fund Contribution | | to Fees |
| 24 | 25 | 29 | 30 | | This corporation owes or has paid the Personal Property Tax due June 30. | | angibie 7 No |
| | 9, Name and Address of Currer | | 1001 | | 10. Name and Address of New Register | | |
| | rlsen, Christian e | | 81 | Name | | | |
| | 03 N.E. 23 AVE. . Lauderdale FL 33308 | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | | | |
| | | | 84 | City | | 85 Zip | Code |
| agent. I a SIGNATURE | im familiar with, and accept the oblig. Signature, typed or printed name of registered agr | ations of, Section 607.0505, Florest and title if applicable. (NOT | orida Statute | S. | poration submits this statement for the purposition's board of directors. I hereby accept the accept | <u> </u> | |
| 12. | OFFICERS AN | DOINECTORS | 13. | т. | ADDITIONS/CHANGES TO OFFICERS A | Change | Addition |
| TITLE NAME | AMPONETA BIOLIAND E | | 1.2 NAME | | | C Cuturgo | L Hodillon |
| STREET ADDRESS | ADDE NE DO ANT | | | ADDRESS | | | |
| CITY-ST-ZIP | ET LAUDEDDALE EL | | 1.4 City - 5 | | | | |
| TITLE | D | DELFTE | 2.1 TITLE | 51-24 | ······································ | ☐ Change | Addition |
| NAME | CARLSEN, CHRISTIAN E | | 2.2 NAME | | | | |
| STREET ADDRESS | 400F N.E. 00 AVE | | 2 3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 2.4 | | 2.4 CITY- | ST-ZIP | | | |
| TITLE | | DELETE 311 | | | | Change | Addition |
| NAME | 3.2 | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY - | ST-ZIP | | | F= 1,11001 |
| TITLE | | ☐ DELETE 4.1 | | | | Change | Addition |
| NAME | | | 4. 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET | | | | |
| CITY-ST-ZIP | | DELETE | 4.4 CITY - S 5.1 TITLE | ST-ZIP | | Change | ☐ Addition |
| TITLE | | | 5.1 TITLE 5.2 NAME | | | Unange | |
| NAME STREET ADDRESS | | | 5.3 STREET | ADDRESS | | | |
| | | | 5.4 CITY-S | 1 | | | |
| CITY-ST-ZIP TITLE | | | 6.1 TITLE | 11 - Ell | | Change | Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET | ADDRESS | | | |

17-58 BSU 978M

Dither tring does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information applied report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or trustee employeed to execute this coordinates in

FILED

Jan 20 1998 8:00am

Secretary of State