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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 07 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000055119 (8)

TANIL I	n Name INVESTM		CORP.	JUUS	STE	o (O)					
Principal Place	e <b>of</b> Busines	ss		Ma	iling Addra	SS					אבלו וואן פוצוי נפסוג ופנוס ופנס וסופס ונוסס גווסס נווסס ונוסס ונוסס ומיוס ופיסו פוו ופסנוסטי
9100 S. DAADELAND BLVD. 9100 S. DAADELAND B SUITE 906 SUITE 906 MIAMI FL 33156 MIAMI FL 33156							/D.				DO NOT WRITE IN THIS SPACE
<u> </u>											3. Date Incorporated or Qualified
2. Principal P	2. Principal Place of Business 2a. Mailing Address										07/17/1995 4. FEI Number Applied For
21	<del></del>					26					<b>52-1949793</b> Not Applicab
Suite, Apt.			Suite, Apt. #, etc.						5. Certificate of Status Desired See Required		
City & State	e			27]	27    City & State						6. Election Campaign Financing \$5.00 May Be
23	-			28	<b>├</b> ¬ '						Trust Fund Contribution
Zip			Country		Zip		Cour	itry			8. This corporation owes or has paid the current year Intangible
24			Addrson of Cur	29 urrent Registered Agent			30				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
90				teur negist	ered Agen			B1	Name		TO, Name and Address of New Negistered Agent
SOICHER, OSCAR 9100 S. DAADELAND BLVD.							Į.	<u> </u>			ess (P.O. Box Number is Not Acceptable)
SUITE 906							2	atreet	Audres	ass (P.O. Box Number is Not Acceptable)	
MIA						B3					
							ļ	B4	City		FL 85 Zip Code
11. Pursuant t	to the provis	sions	of Sections 607.0	0502 and 60	7.1508. Flo	orida Statut	es, the ab	l	-named	COLDO	pration submits this statement for the purpose of changing its registere
office or re agent. I a	e <b>giste</b> red ag m <b>fa</b> miliar w	gent, ith, a	or both, in the Stand accept the ob	ate of Florid Agalions of	la. Such ch Section 60	ange was a 07.05 <b>0</b> 5, Flo	authorized orida Statu	by	the corp	poratio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, types	dor pro	ilod name of registered	agent and the i	if applicable	(NOI	E Registered	Age	nt signature	required	d when reinstating) DATE
12.	****		OFFICERS /	AND DIREC			13.			,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TOLE	PSTD SOICHER, OSCAR				DILETE 1.11					ļ	Change Additio
NAME STREET ADDRESS	SUITE	1.2 M SUITE 906 1.3 SI				ADDDCCC	l				
CITY-ST-ZIP	156	., voii e				1.3 STREET ADDRESS   1.4 CHY-ST-ZIP		1			
TITLE						DELETÉ	2.1 101			1	☐ Change ☐ Additio
NAME							2.2 NAN	AE.		(	
STREET ADDRESS									ADDRESS		1
CITY-ST-ZIP TITLE					<del></del>	DELETE	2. 4 CH 3.1 THL		IT-ZIP		Change Addition
NAME					ب	Deteil	3.2 NAN			)	En origings   En Montile
STREET ADDRESS									ADDRESS	}	
CITY-ST-ZIP							3.4. CIT			L	
TITLE						DELETE	4.1 1074	E			Change Addition
NAME							4. 2 NA			ĺ	
STREET ADDRESS									ADDRESS	}	
CITY-ST-ZIP						DELETE	4.4 CITY		I · ZIP	}	Change Addition
TITLE NAME					لــا	PELLIL	5.1 TITL 5.2 NAN			ļ	E outpuge E Admin
STREET ADDRESS									ADDRESS		
City-St-ZIP							5.4 CITY			Ì	
TITLE						DELFTE	6.1 TITE			<u> </u>	Change Addition
NAME							6.2 NAN	1E			
STREET ADDRESS							6.3 STR	EE1 /	ADDRESS		
CITY-ST-ZIP							6.4 CITY	<u>′- S</u> 1	1 - ZIP		

14. I hereby certify that the information supplied with this filing cors 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 of stuffied nerval annual report sfrue 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 typowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it enamped, or or an attachment with an officer or trustee typowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it enamped, or or an attachment with an officer or trustee typowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it enamped.

SIGNATURE