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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ļ	JAL REPO 1998			Sandra B. Secretary DIVISION OF C	y of State	9	ļ	Secretary	y of St	ate	
DOCUMENT # P95000055545 (4) **LISTATE TRANSFER INC.**											
Principal Place of Business Mailing Address \$123 WEST 72ND STREET 3123 WEST 72ND STREE HALEAH GARDENS FL 33016 HALEAH GARDENS FL 3								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
2. Principal P	Place of Busine	ess	2a. Mailing	Address				07/17/1995 4. FEI Number 65-0603305	<u> </u>	Applied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27								5. Certificate of Status Desired		5 Additional Required	
22 City & State				City & State				6. Election Campaign Financing	\$5.	00 May Be	
Z Ip		Country	28] Zip	-	Cou	ntrv		Trust Fund Contribution 8. This corporation owes or has pa		ed to Fees	
24		15	29		30	,		Personal Property Tax due June	30. 🔲 Yes	No	
		and Address of Curre	nt Registered A	gent		81 Name		10. Name and Address of New Re	gistered Agent		
)RRES, LUIS 123 WEST 72					81 Name					
		DENS FL 33016				B2 Stree	t Addres	ss (P.O. Box Number is Not Acceptate	ole)	1	
, .,		DE110 1 E 00010				83				i	
						84 City			85	ip Code	
44 Durauant	to the provisio	one of Sections 602 (66)	02 and 607 1500	Elorido Ctatuto	or the el	NOVO POPO	dearna	ration submits this statement for the r		a lts registered	
office of r	registered age	int, or both, in the State in, and accept the oblig	of Florida, Such	, Florida Statute 1 change was a 2 coz osos Ele	uthorized	by the co	rporatio	ration submits this statement for the p in's board of directors. I hereby accep	pt the appointment	as registered	
SIGNATURE	MITTERTIFICATION	i, and accept the oblig	Janons Dr. Section	11 607.0000, 110	nide Stat	Ulos.				j	
GIGHATOTIC	Signature, typed o									1	
	D-3-1-101-17-17-17-17-17-17-17-17-17-17-17-17-17	r printed name of registered ag		le. (NOTE		Agent signals	ire required	s when reinstating)	DATE		
12.	P		nni and little if applicab ID DIRECTORS		13.		ure required	when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECT		
12. TITLE	P	OFFICERS AN		DELETE		ILE	ure required				
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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.

305 947-0400

FILED

May 08 1998 8:00am