FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION ANNUAL REPORT Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS 1998 P95000058664 (0) DOCUMENT 1. Corporation Name

FILED May 15 1998 8:00am Secretary of State

	510F # 147, INC	· 											
Principal Place of Business				Mailing Address									
5600 SUNSET MIAMI FL 331		5600 SUNSET DRIVE MIAMI FL 33143											
MIAMI FE 00140									DO NOT WRIT		SPACE		
								3. Date Inc 07/27	orporated or Qualified /1995				
	lace of Business		2a.	Mailing Address				4, FEI Num			<u> </u>	oplied For	
21				26				65-0	619942			ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifica	te of Status Desired			Additional lequired		
22 City & State				City & State				• Flanker	Campaign Financing			- 	
23				28				I *	oampaign Financing nd Contribution		,	May Be to Fees	
Zip Cauntry				Zip Country				This corporation owes or has paid the current year Intangible					
24	• `			30					Personal Property Tax due June 30. Yes No				
	9. Name and Addre	ss of Current F	29 Registe	ered Agent		T		10. Name a	nd Address of New R	egistered	J Agent		
KA	BANKAHMED	Kahani		Almeh		81	Namo						
7519 SW 95 PLACE				Allmid Sunced Dri			Street /	Address (P.O. Box I	ress (P.O. Box Number is Not Acceptable)				
MIAMLFL38178 5600				incet Dr									
	V V	MIAN	ni I	FLA- 3314) _	83						j	
		111				84	City			F	L 85 Zip	Code	
11. Pursuant	to the provisions of Sect egistered agent, or both	ions 607.0502	ind 60	7.1508, Florida State	iles, the a	above	-named	corporation submits	this statement for the	purpose	of changing	its registered	
office or re agent. La	egistered agent, or both m fam iliar with, and acc	, in the State of ept the obligate	Hond: ons of,	a. Such change was Section 607.0506, F	lorida Sta	oa by Mules	tne corp L	oration's board of c	ilrectors. I hereby acci	epi ine aj	pomiment as	s regisiered	
SIGNATURE													
	Signature typed or printed name		******				nt signature	required when roinstating)		DATE	IB D/DE070	50.0140	
12.	PVPT	TICERS AND I	DIREC	TORS	13.	IIILE			NS/CHANGES TO OFF	ICERS AT	ID DIRECTO	HS IN 12	
TITLE	KABANI, NASREEI	J				NAME	되	kabani	HHWED			E 700111011	
NAME ATORET ARROSCO	STREET ADDRESS 5600 SUNSET DRIVE			C) . U.			ADDRESS	5600 SI	unset DR.				
	MIAMI FL 33143					CITY-S			FL 3314	3			
CITY-ST-ZIP TITLE	MINIMI TE GOTTO			DELETE		TITLE	1-211	(111-411-4)	1 - 2, "		Change	Addition	
NAME						NAME							
STREET ADDRESS							ADDRESS						
CITY-\$T-ZIP					2. 4	CI1 Y - S	31 - ZIP						
TITLE				DELFTE	3.1 1	HTLE		M			Change	Addition	
NAME					3.21	NAME							
STREET ADDRESS					3.3 8	STREET	ADDRESS						
CITY-ST-ZIP					3.4.	CITY - S	ST-ZIP				·		
TITLE				☐ DELFTE	4.1 1	TITLE					Change	Addition	
NAME					4. 2	NAME							
STREET ADDRESS					4.3 \$	S1REE1	ADDRESS						
CITY-ST-ZIP						CITY - S	T - ZIP					- Tarrita	
TITLE				☐ DELETE	1	INLE					Change	Addition	
NAME					1	NAME							
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP				DELETE		CITY-S	I - 7IP				Change	Addition	
TITLE	•			FT DEFEIG		TITLE NAME					CuduRc CuduRc		
NAME						NAME PTOFFE	ADDDSOO						
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP			(III - 20	line does not smallfu		CITY-S		d in Section 110.07	(2)/i) Florida Statutas	Lifurther	cortifu that th	o information	

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 informatio indicated on this annual report or supplemental annual report is frue 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 trusted 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 a part and the receiver of trusted 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 a part and the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in