PROPRIATION ANNUAL REPORT 1998 DOCUMENT # P950000 6 0 7 3 2 Cheer Zone Inc. Noting Address Noting Address Noting Address Noting Address Noting Address 134 S. W. 73 A.W. MILAMASSEE, FLORIDA Noting Address Noting				1996 NOV 21 PH 4: 05
######################################	Cheer Zone, I			SECRETARY OF STATE TALLAHASSEE. FLORIDA
April Apri	Miami, Fl 33165	Mailing Address		8-1-95 5/96
Sulfe, Apt. #, etc. Sulfe, Apt. #, etc.	Principal Place of Business	- 		
City & Sister City & Sister		Suite, Apt. #, etc.		I was the state of Charles of Indian Telephone Indian Telephone Indian Telephone Indian Telephone Indian Telephone
20 20 20 20 20 20 20 20				6. Election Campaign Financing \$5.00 May Be
8) Name and Address of Current Registered Agent 11. Pursuant to the provisions of Socions 607 0500 and 607 1508. Florida Statutes, the above-narried corporations submits this statement for the purpose of changing its registered agent. I am familiarity, and the provisions of Socions 607 0500 and 607 1508. Florida Statutes, the above-narried corporations submits this statement for the purpose of changing its registered agent. I am familiarity, and the purpose of changing its registered agent. I am familiarity, and the purpose of changing its registered agent. I am familiarity, and the purpose of the familiarity and the familiarity and the purpose of the	3		Country	This corporation has flability for intangible tax under s. 199.032,
8 Sheet Address of Committee of Sections of Sections 607 0502 and 607 1508. Florida Stellutes the above-harded corporation shrinks that expenditure for the purpose of changing list registered office or registering agent, growing a spent of broken section of the committee of the purpose of changing list registered office or registering agent, growing a spent of broken section of 8500 for 100 800 for	25	29 30	1	Florida Statutes
11. Pursuant to the provisions of Septions 607 0502 and 607 1508. Florida Statutes, the above nearhed corporation submits this statement for the purpose of charging its registered agent. (at the purpose of provisions of Septions 607 0502 and 607 1508. Florida Statutes, the above nearhed corporation submits this statement for the purpose of charging its registered agent. I arm familiar with, and succept the appointment of the purpose of charging its registered agent. I arm familiar with, and succept the appointment are registered agent. I arm familiar with, and succept the appointment agent are submit agent and the appointment agent agent are submit agent and the appointment agent	9. Name and Address of Currer	nt Registered Agent	81 Nam	WAS MAIL
11. Pursuant to the provisions of Socione 607 0509 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent of pools, in the State of Florida. Such change was authorized by the corporation's board of directors. I heroby accept the appointment as registered agent of the purpose of changing its registered agent of different agent of the purpose of changing its registered agent of different agent of the purpose of changing its registered agent of different agent of the purpose of changing its registered agent of the purpose of c			82 Street Ad	diess Boy Box Winds is Not Acceptable)
11. Pursuant to the provisions of Septons 607 6502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered effect or register agents of brinds. In the State of Florida Statutes, the above-named corporation submits with statement for the purpose of changing its registered effect or registered agents of brinds. Signature agents of brinds statutes are statement for the purpose of changing its registered effect or registered expense registered agents are registered when reinstating. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 22. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 22. ITIE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 22. OFFICERS AND DIRECTORS IN 22. ITIE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 22. OFFICERS AND DIRECTORS IN 22. OFFICERS AND DIRECTORS IN 22. ITIE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 22. ITIE 14. IN			83	<u> </u>
SIGNATURE Signature typed or primed name of or appointed agains and the F applicable OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. OFFICERS 15. O			84 City	VIANO FL 85 33198
12. OFFICERS AND DIRECTORS TITLE WARE STREET ADDRESS LY LOPE STATE TOTAL STREET ADDRESS TOTY. ST. ZP TITLE WARE STREET ADDRESS STREE	1	<i>)</i>		outred when reinstating)
TINLE DELETE STITULE DELETE STITULE STITULE DELETE STITULE	12. OFFICERS AN	ND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change M Additional Additional Change M Additional Chan
SIREET ADDRESS CITY-ST-ZP MIAM FL. 33178 Change Addition TILE NAME SIREET ADDRESS CITY-ST-ZP DELETE 21 TITLE 22 NAME 22 NAME 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZP CITY-ST-ZP DELETE 31 TITLE NAME 32 NAME 34 CITY-ST-ZP CITY-ST-ZP DELETE 41 TITLE NAME 42 NAME 43 STREET ADDRESS 51 CITY-ST-ZP TITLE NAME NAME NAME NAME NAME NAME 10 DELETE 51 TITLE NAME 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZP TITLE NAME 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZP TITLE NAME 54 CITY-ST-ZP TITLE NAME 55 STREET ADDRESS CITY-ST-ZP TITLE NAME 56 STREET ADDRESS CITY-ST-ZP TITLE NAME 56 STREET ADDRESS CITY-ST-ZP TITLE NAME 57 STREET ADDRESS CITY-ST-ZP TITLE NAME 58 STREET ADDRESS CITY-ST-ZP TITLE T		se_		DAVID I MARMOL AV
DELETE DELETE STREET ADDRESS SACRY-ST-ZP Change Addition Addit	STREET ADDRESS 14662 SW 145		.	MIAMI FL. 33178
STREET ADDRESS 2.4 DTY-ST-ZP Change Addition TITLE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CTY-ST-ZP Change Addition Addition TITLE DELETE DELETE DELETE Change Addition Addition TITLE DELETE Addition TITLE DELETE ADDRESS A CTY-ST-ZP Change Addition Addition TITLE DELETE A CTY-ST-ZP R***********************************			2.1 TITLE	Change Addi
DELETE DELETE STREET ADDRESS SALCITY-ST-ZP Change Addition Addition STREET ADDRESS ACTY-ST-ZP Change Addition Addition STREET ADDRESS ACTY-ST-ZP Change Addition Ad			1	
TITLE MAME STREET ADDRESS CITY-ST-ZIP DELETE A1 TITLE MAME STREET ADDRESS A4 CITY-ST-ZIP DELETE A1 TITLE MAME STREET ADDRESS CITY-ST-ZIP DELETE A1 TITLE MAME STREET ADDRESS CITY-ST-ZIP DELETE S1 TITLE S2 NAME S3 STREET ADDRESS CITY-ST-ZIP DELETE S1 TITLE S3 STREET ADDRESS CITY-ST-ZIP DELETE S1 TITLE S2 NAME S3 STREET ADDRESS CITY-ST-ZIP DELETE S1 TITLE S3 STREET ADDRESS CITY-ST-ZIP DELETE S1 TITLE S3 STREET ADDRESS CITY-ST-ZIP DELETE S1 TITLE S1 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STRE		- Correct	2.4 CITY - ST - ZIP	Change Addi
STREET ADDRESS CITY-ST-ZIP DELETE A1 TITLE NAME A2 DODO2015572-55 LY-ST-ZIP DELETE A1 TITLE A3 STREET ADDRESS CITY-ST-ZIP DELETE A4 CITY-ST-ZIP Addition TITLE NAME A2 DODO2015572-55 LY-ST-ZIP ADDRESS CITY-ST-ZIP DELETE S1 TITLE STREET ADDRESS CITY-ST-ZIP DELETE S1 TITLE ADDRESS CITY-ST-ZIP DELETE S1 STREET ADDRESS CITY-ST-ZIP Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE S1 STREET ADDRESS CITY-ST-ZIP Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE S1 STREET ADDRESS CITY-ST-ZIP Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE S1 STREET ADDRESS CITY-ST-ZIP Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE S1 STREET ADDRESS CITY-ST-ZIP Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE S1 STREET ADDRESS CITY-ST-ZIP Change Addition Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Change Addition Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Change	TITLE	[""] DETEIF	1 i i	
DELETE LITILE	- · · · · · · · · · · · · · · · · · · ·		1 1	
######################################		DELETE		
######################################			1	200002015572= -11/27/9601020009
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SA CITY-ST-ZIP DELETE S.1 TITLE S.3 STREET ADDRESS SA CITY-ST-ZIP Change Addition Change Addition Change Addition Addition TITLE S.1 TITLE S.2 NAME S.3 STREET ADDRESS SA CITY-ST-ZIP Change Addition Change Addition Change Addition Addition TITLE S.1 TITLE S.2 NAME S.3 STREET ADDRESS SA CITY-ST-ZIP 14. 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 further certify that the information indicated on this annual report or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.				**************************************
STREET ADDRESS CITY-ST-ZIP DELETE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 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 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 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 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 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 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 further certified in 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 further certified in the informati		DELETE	1	Crange Aud
SACITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP 14. 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.				•
STREET ADDRESS CITY-ST-ZIP 14. 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.		NCIETE		☐ Change ☐ Ado
STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.		L. Deceie	:	- 2927
 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes.] 14. I do hereby 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 urther 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 urther certify that I am an officer or director of the corporation or the receiver or trustee personnel that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 	IWYFL		1	i i i i i i i i i i i i i i i i i i i
further centify that the information information in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Fronda Statutes, and 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 617, Fronda Statutes, and 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 617, Fronda Statutes, and the property of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Fronda Statutes, and the property of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Fronda Statutes, and the property of the corporation of				
that my name appears in Block 12 of Block 13 in Changes, of or	CITY-ST-ZIP	lied with this filing is voluntarily furn	ished and does not d	qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I
SIGNATURE: Date Daytime Phone &	City-ST-ZIP 14. I do hereby certify that the information supple further certify that the information indicated of the control	of the acrostics of the recei	nished and does not ontal annual report is tr	qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I rue and accurate and that my signature shall have the same legal effect a vered to execute this report as required by Chapter 617, Florida Statutes; a