


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

FILED
May 13 1998 8:00am
Secretary of State

| | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------|
| PROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | |
| DOCUMENT # P95000069886 1. Corporation Name AHORAT, INC. | | | | | | |
| Principal Place of Business | | | Mailing Address | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/07/95 | | |
| 21 | 8310 SW 11 TERR | 26 | 8310 SW 11 TERR | 4. FEI Number 65-0615950 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 22 | | 27 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| City & State Miami, FL | | City & State Miami, FL | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 23 | Miami, FL | 28 | Miami, FL | | | |
| 24 | 33144 | 25 | U.S.A. | 29 | 33144 | |
| Country | | Country | | 30 U.S.A. | | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | | |
| | | | 81 | Name IVAN ORLOFF | | |
| | | | 82 | Street Address (P.O. Box Number is Not Acceptable) 8310 SW 11 TERR | | |
| | | | 83 | | | |
| | | | 84 | City Miami | 85 | Zip Code FL 33144 |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | | |
| SIGNATURE Ivan Orloff | | | DATE 4/30/98 | | | |
| 12. OFFICERS AND DIRECTORS | | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | | |
| 1.1 TITLE P.S.D. | | | | | | |
| 1.2 NAME IVAN ORLOFF | | | | | | |
| 1.3 STREET ADDRESS 8310 SW 11 TERR | | | | | | |
| 1.4 CITY-ST-ZIP MIAMI FL 33144 | | | | | | |
| 2.1 TITLE | | | | | | |
| 2.2 NAME | | | | | | |
| 2.3 STREET ADDRESS | | | | | | |
| 2.4 CITY-ST-ZIP | | | | | | |
| 3.1 TITLE | | | | | | |
| 3.2 NAME | | | | | | |
| 3.3 STREET ADDRESS | | | | | | |
| 3.4 CITY-ST-ZIP | | | | | | |
| 4.1 TITLE | | | | | | |
| 4.2 NAME | | | | | | |
| 4.3 STREET ADDRESS | | | | | | |
| 4.4 CITY-ST-ZIP | | | | | | |
| 5.1 TITLE | | | | | | |
| 5.2 NAME | | | | | | |
| 5.3 STREET ADDRESS | | | | | | |
| 5.4 CITY-ST-ZIP | | | | | | |
| 6.1 TITLE | | | | | | |
| 6.2 NAME | | | | | | |
| 6.3 STREET ADDRESS | | | | | | |
| 6.4 CITY-ST-ZIP | | | | | | |

14. 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98 (305) 383 0890

CR2E034 (10/97)