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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000075814 (0)

## FILED Jan 30 1998 8:00am Secretary of State

SUIT C	ITY OF MIAMI, INC.		,		
Principal Plac	e of Business	Mailing Address		t indisindi iin inini ditti ballı ballı a	MIST MALIT SAMBI MISMS IMIMI TEMUS MISMI TAMI
743 NE 167TH ST 743 NE 167TH ST N MIAMI BEACH FL 33162 N MIAMI BEACH FL 33162				TIRW TON OO	E IN THIS SPACE
				3. Date Incorporated or Qualified	E IN THIS SI AGE
				'	
2. Principal P	lace of Business	2a. Mailing Address		09/25/1995 4. FEI Number	Applied For
21	idea of Business	<del>  </del>			Not Applicable
Suite, Apt.	# alc	Suite, Apt. #, etc.		65-0611848	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State City & State		<b>├</b> ──		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	B. This corporation owes or has p	New Y in the second of the sec
24	25	29	30	Personal Property Tax due Jun	
	9. Name and Address of Currer	nt Registered Agent	nal v	10. Name and Address of New R	<del></del>
420	MPKINS, HARRY ESQ ) LINCOLN RD, SUITE 258 AMI BEACH FL 33139		81 Name 82 Street Age	DORA NYLINA dress (P.O. Box, Number is Not Accepte 43 N.E. (679)	0.05K1 51.
	•		84 City N	1. M. B	FL 85 Zip Code 33/62
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 appliant with and accept the obligations of Section 607.0508, Florida Statutes.  SIGNATURE					
	Signature, typed or printed name of registered age		OTE: Registered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
12.	<del></del>	D DIRECTORS  DELETE	13.		Change
TITLE	0	L.J DELETE	1.1 TITLE	00RA MY/1NARE 2080 N.E 214 ST. N.M. Q. 7/4 331	// Change C Addition
NAME	MYLINARSKI, DORA		1.2 NAME	ORA NET SILST	,·-
STREET ADDRESS	C/O HARRY TEMPKINS, ESQ-	420 LINCOLN HD #258	1.3 STREET ADDRESS	2000 0 3/4 32	, 76
CITY-ST-ZIP	MIAMI BEACH FL 33139			10.14.12. //4 331	//
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-7IP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
					E change E realition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		i
CITY-ST-ZIP		□ Nei P+e	5.4 CITY-ST-ZiP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

1. 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 of the reguliver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, of on any atjachment with an address.

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1-72-98