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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000078865 (9)

Principal Place of Business Mailing Address 2665 S. BAYSHORE DRIVE 2665 S. BAYSHORE DRIVE SUITE 908 MIAMI FL 33133 MIAMI FL 33133				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Address			10/13/1995 4. FEI Number	Applied For
21 26			¬ -		65-0619044	Not Applicable
		Suite, Apt. #, etc.				\$8.75 Additional
27		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6, Election Campaign Financing	\$5.00 May Be
23	28		Country		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip	Country 30	,	This corporation owes or has paid the cu Personal Property Tax due June 30.	irrent year Intangible Yes No
24	g. Name and Address of Curr		30		10. Name and Address of New Registered	
FIN	ELSTEIN, GARY P		81	Name		
2865 S. BAYSHORE DRIVE			82	Charat Add	dress (P.O. Box Number is Not Acceptable)	
SUITE 908			02	Street Add	iress (P.O. Box Number is Not Acceptable)	
	MIAMI FL 33133					
			84	City		85 Zip Code
],	Fl	<u>.</u>
SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obt				poration submits this statement for the purpose of the space of directors. I hereby accept the applied when reinstating).	pointment as registered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	P	☐ DÆLETE	1.1 TITLE			☐ Change ☐ Addition
NAME EIDELSTEIN, GARY P		1.2 NAME				
STREET ADDRESS 2665 S. BAYSHORE DRIVE, SUI		SUITE 908	1.3 STREET	T ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		1.4 City-5	ST - ZIP		-
\$1TLE	DELETE		2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET			
CITY-ST-ZIP TITLE			2.4 CITY-	S1-2IP		☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET	ADDRESS		
CITY-ST-ZIP			3 4. CITY-1			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - 5	ST-ZIP		
TITLE	DELETE 5.1		5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP		05,550	5 4 CITY-S	ST- ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	. [
STREET ADDRESS			6.3 STREET	ADDRESS		

14. Thereby certify that the information supplied with the indicated on this annual report or supplemental profiler or director of the corporation or the procedure Block 12 or Block 13 if changed, or on an additional supplementation of the procedure of the corporation of the procedure supplementation of the procedure of the pro toes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information it is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Apr 29 1998 8:00am

Secretary of State