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

DOCUMENT #

P95000079259 (4)

FILED Jan 26 1998 8:00am Secretary of State

BILTMORE, INC.									
Principal Place	e of Busines	is	M	Mailing Address					-
13125 WEST DIXIE HIGHWAY				3860 NE 170TH ST					
NO MIAMI FL 33161				STE 409 MIAMI FL 33160					DO NOT WRITE IN THIS SPACE
US				US					3. Date Incorporated or Qualified
									10/12/1995
2. Principal Place of Business				2a. Mailing Address					4. FEI Number Applied For
21			26	26					65-0618016 Not Applicable
Suffe, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
22			27						Fee Hequired
City & State			\vdash	City & State					6. Election Campaign Financing \$5.00 May Be
23				Zip Country					Trust Fund Contribution Added to Fees
Zip	Country		201	-, ' ,		Odnitry			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Current		Eeg!			<u>1</u>			10. Name and Address of New Registered Agent
22		· · · · · · · · · · · · · · · · · · ·				81	Name	3	
SCORATOW, KIM							<u> </u>		(DO O Complete in New Association)
3860 NE 170TH ST MIAMI FL 33160							Street Address (P.0		iss (P.O. Box Number is Not Acceptable)
MIMMI FL 33 100						83	-		
									las I 7 in Code
						84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above							e-name	d corpo	pration 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	Signature, types	d or printed name of registered agen	t and till	e il applicable (NOT		d Age	int signatu	re required	d when reinstating) DATE
12.	,	OFFICERS AND	DIRE		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	P			☐ DELETE	1.1 T				Change (Addition
NAME	* * * · · · · · · · · · · · · · · · · ·					1.2 NAME			
STREET ADDRESS 3860 NE 170TH ST. STE 409 CITY-ST-ZIP MIAMI FL							ADDRESS	•	
CITY-ST-ZIP	MIAMI	-t		DELETE	1.4 C		T-ZIP	+	Change Addition
TITLE					2.1 N				Orlange Floation
NAME OTOGET ABOUTCE							ADDRESS		
STREET ADDRESS							ST-ZiP		
CITY-ST-ZIP TITLE				DELETE	3.1 Ti		91 - YIL		Change Addition
NAME					3.2 N				-
STREET ADDRESS					4		ADDRESS		
CITY-ST-ZIP]						ST-ZIP		
TITLE	 · · · · · · · · · · · · · · · · · 			DELETE	4.1 TI			1	☐ Change ☐ Addition
NAME					4.21	NAME			
STREET ADDRESS	į				4.3 S	TREET	ADDRESS		
CITY-ST-ZIP	,				4.4 C	ITY-S	T - ZIP		
TITLE				DELET É	5.1 Ti	ILE			Change Addition
NAME					5.2 N	AME			
STREET ADDRESS					5.3 S	TAEET	ADDRESS	-	
CITY-ST-ZIP					_		T-ZIP		
TITLE	1			☐ DELETE	6.1 Ti	ITLE			Change Addition
NAME					6.2 N				
STREET ADDRESS	{						ADDRESS		
CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not provide the control of the control					6.40	64 CITY-ST-ZIP			Costino 110 07/2VI) Florida Statuton I further cortific that the information
■ • I hereby o	centify that th	te intormation supplied wil	เก เกเร	ming deser not threat a to	n tue ex	amb	แบบ Sta	ieu in S	section (13.07(3)(i), Frontag Statutes. Fluiting Certify triat the information

indicated on this annual report or supplemental annual officer or director of the corporation or the receiver or the Block 12 or Block 13 if changed, or on an attachment accurate and that my signature shall have the same legal effect as if made under oath; that I am ard to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in