## 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 # P95000086298 (3)

LOVE YURAH HAT CHANA BOUTIQUE, INC.

## FILED Mar 17 1998 8:00am Secretary of State



City & State  City & State  City & State  City & State  28  City & State  6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees  Zip Country  Zip Country  8. This corporation owes or has paid the current year Intangible	Principal Place of Business Mailing Address						4 (20)(00) (30 )B(0) 40)(4 00)(4 60)(3 00)(1 00)(1	Tile elite ilale	19191 (8(1 1881
2. Principal Place of Business   2a. Mailing Address   3. Date Incorporation or Outs/filled   11/09/1995   Applied For   11/09/19									
3. Principal Place of Business   2a Mesling Address   4. FEI Number   55-0618827   Applied For   100   25   25   25   25   25   25   25							DO NOT WRITE IN THIS	SISPACE	
2. Principal Place of Business   2. Melling Address   2. Melling Address   2. Melling Address   2. Melling Address   3. Gerificate of Status Desired   \$5.0618827   \$6. Gerificate of Status Desired   \$5.00 May B Business   \$1. Melling Address   \$1. Melling Address							<u> </u>	7017102	
2. Principe   Flore of Business   2. Masting Address   3. File Number   Applied for   Applied for   Suit   Apt 4, etc.   Suite, Apt 4							, ·		
Sulle, Apt. #, etc.    Sulle, Apt. #, etc.	2. Principal P	lace of Business	2a. Mailing Address						Applied For
Suite, April #, etc.    Suite   City & State   City & City & City & State   City & State   City & Cit	<del></del>		26				65-0618827	<b>⊢</b> -+	<del></del>
Section   Campaign Financing   Section   Sec			, Apt. #, etc.				\$8.75	Additional	
City A State	22		27				5. Certificate of Status Desired		
2p   Country   2io   Country   2io   Country   8. This corporation ower or has pold the current year intengible   Personel Propriet acts June 30   Yes   No   No   Personel Propriet acts June 30   Yes   Yes   Personel Propriet Agent June 30   Yes   Yes   Personel Propriet Agent June 30   Yes		9	City & State				6. Election Campaign Financing	\$5.0	O May Be
Section   Sect	23		28				Trust Fund Contribution		
B. Name and Address of Current Registered Agent  THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 AUALRENA AVENUE CORAL GABLES FL 33134  82  Street Address (P.O. Box Number is Not Acceptable)  83  84  City FL 85  Zip Code  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 agent, or both, in the State of Findra State change was authorized by the corporation's board of directors. Thereby accept the designations of Sections 605 footing 505, Froided Statutes, the above-named corporation's board of directors. Thereby accept the paperinternal as registered segent a tent fundament with, and except the obsequence of Section 605, Froided Statutes, the above-named corporation's board of directors. Thereby accept the heppointernal as registered segent and the manual corporation's board of directors. Thereby accept the heppointernal as registered segent and the manual corporation's board of directors. Thereby accept the heppointernal as registered segent and the provision's point of prized facilities.  SIGNATURE  SIGNATURE  TIME  DO FFICE FIS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TIME MAYBERG, JUDITH  MAYBERG, JUDITH  12. AUAL AND A 13 STREET ADDRESS  CITY-ST-2P  MIAMI BEACH FL 33140  DELETE 11THE  VAINE AND A 14 STREET ADDRESS  AND A 15 STREET ADDRESS  MAYBERG, SCHNEUR ZALMAN  32 STREET ADDRESS  MAYBERG, SCHNEUR ZALMAN  42 STREET ADDRESS  MAYBERG, MENACHEM M  42 STREET ADDRESS  MAYBERG, MENACHEM M  43 STREET ADDRESS  MAYBERG, MENACHEM M  44 STREET ADDRESS  MAYBERG, MENACHEM M  44 STREET ADDRESS  MAYBERG, MENACHEM M  44 STREET ADDRESS  MAYBERG, MENACHEM M  45 STREET ADDRESS  MAYBERG, MENACHEM M  46 City  MAYBERG, JUDITH  17. The Color of the proporation of the second of the proporation of the second of the proporation of the second of the proporat	Zip	Country	Zip	Count	ry		· ·		
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES FL 33134  80  64 City  FL 85 Zip Code  65 City  FL 85 Zip Code  66 City  FL 85 Zip Code  67 City  FL 85 Zip Code  68 City  FL 85 Zip Code  68 City  FL 85 Zip Code  68 City  FL 85 Zip Code  69 City  FL 85 Zip Code  60 Charge  FL 85 Zip Code  61 Site Address  FL 85 Zip Code  FL 85 Zip	24			30		,			∐ No
THE LAW FIRM OF LAWRENUE CORAL GABLES FL 33134  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  85 Zip Code  11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered college or registe				<u>_</u>			10. Name and Address of New Registere	5 Agent	
CORAL GABLES FL 33134  BB 3  BB 6 City  FL BB ZIP Code  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 agent. I am familiar with, and accorpt the obligations of Section 607 0505, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. Lam familiar with, and accorpt the obligations of Section 607 0505, Florida Statutes. Signature and accorpt the obligations of Section 607 0505, Florida Statutes. The obligation of Section 607 0505, Florida Statut	THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD				ין וי	Name			
Sa	343 ALMERIA AVENUE				2 3	Street Address (P.O. Box Number is Not Acceptable)			
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 agent. I am familiar with, and accept the obligations of Section 607.0505, Provided Statutes.    Signature	CORAL GABLES FL 33134								
11. Pursuant to the provisions of Sociaons 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, not accorpt the obligations of Social Social Statutes.  Signature    Signature   Social Province of International Statutes   Social				8	3				
11. Pursuant to the provisions of Sociaions 607,0502 and 607,1508, Horida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Lam familiar with, and accept the obligations of Section 607,0505, Horida Statutes.  SIGNATURE  Signature PD				8	4 (	City		85 Zi	p Code
office or registered agent, or both, in the State of Fiorica. 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 607/5056. For Information in the manufacture of the properties of principles and accept the obligations of Section 607/5056. For Information of Indigeneral agent and their applicable.  ISINATURE    OFFICERS AND DIRECTORS IN 12						•		LII	
Agent. I am Termilar With, and accord the obligations of, Section 607.0505, Florids Statutes.  SIGNATURE    Signature   Signature   Signature in province of importers agent and time if applicables.   PLOTE Registered Agent signature inequired when refroiteding)   DATE	11. Pursuant	to the provisions of Sections 607.0502	! and 607.1508, Florida <b>Statut</b> e	es, the abo	ve-n	named corpo	oration submits this statement for the purpose	of changing	) its registered as registered
Signature special or princed range of registered appear and their if applications   CHOTE Registered Appear is required when retriated   Change   Addition	agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Flo	orida Statut	es.	io corporati	or a board of disposors. Thorough according a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20 10g.010.00
Signature special or princed range of registered appear and their if applications   CHOTE Registered Appear is required when retriated   Change   Addition	SIGNATURE								
TITLE PD DELETE 1.1 TITLE				·	gent s	signature require	,		
MAYBERG, JUDITH  STREET ADDRESS  4433 NORTH BAY ROAD  1.3 STREET ADDRESS  MIAMI BEACH FL 33140  1.4 CITY-ST-ZIP  NAME  MAYBERG, JOSEPH ISAAC  22 NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  MAYBERG, JOSEPH ISAAC  433 NORTH BAY ROAD  2.3 STREET ADDRESS  CITY-ST-ZIP  NAME  MAYBERG, SCHNEUR ZALMAN  32 NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  MAYBERG, SCHNEUR ZALMAN  32 NAME  STREET ADDRESS  A133 NORTH BAY ROAD  33 STREET ADDRESS  CITY-ST-ZIP  NAME  MAYBERG, MENACHEM M  42 NAME  MAYBERG, MENACHEM M  42 NAME  STREET ADDRESS  A133 NORTH BAY ROAD  43 STREET ADDRESS  MIAMI BEACH FL 33140  44 STREET ADDRESS  A1433 NORTH BAY ROAD  43 STREET ADDRESS  A1433 NORTH BAY ROAD  44 STREET ADDRESS  A1433 NORTH BAY ROAD  43 STREET ADDRESS  A1433 NORTH BAY ROAD  44 STREET ADDRESS  A1434 BEACH FL 33140  44 CITY-ST-ZIP  NAME  53 STREET ADDRESS  54 CITY-ST-ZIP  NAME  53 STREET ADDRESS  54 CITY-ST-ZIP  A1 TITLE  ANAME  53 STREET ADDRESS  54 CITY-ST-ZIP  A14 I THE CITY ADDRESS  64 CITY-ST-ZIP  A14 I THE CITY ADDRESS  65 CITY-ST-ZIP  A14 I THE CITY ADDRESS  66 CITY-ST-ZIP  A14 I THE CITY ADDRESS  66 CITY-ST-ZIP  A14 I THE CITY ADDRESS  67 STREET ADDRESS  68 CITY-ST-ZIP  A14 I THE CITY ADDRESS  68 CITY-ST-ZIP  A14 I THE CITY ADDRESS  A15 STREET ADDRESS  A15 STREET ADDRESS  A15 STREET ADDRESS  A16 CITY-ST-ZIP  A16 STREET ADDRESS  A17 ST-ZIP  A17 IN THE CITY ADDRESS  A18 STREET ADDRESS  A18 STR						1	ADDITIONS/CHANGES TO OFFICERS AF		
STREET ADDRESS  MIAMI BEACH FL 33140  1.3 STREET ADDRESS  MIAMI BEACH FL 33140  1.4 CITY-ST-ZIP  NAME  MAYBERG, JOSEPH ISAAC  22 NAME  STREET ADDRESS  4433 NORTH BAY ROAD  2.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL 33140  2.4 CITY-ST-ZIP  NAME  MAYBERG, SCHNEUR ZALMAN  32 NAME  STREET ADDRESS  OTY-ST-ZIP  NAME  MAYBERG, SCHNEUR ZALMAN  32 NAME  STREET ADDRESS  MIAMI BEACH FL 33140  3.4 CITY-ST-ZIP  NAME  MAYBERG, MENACHEM M  4.2 NAME  MAYBERG, MENACHEM M  4.2 NAME  MAYBERG, MENACHEM M  4.3 STREET ADDRESS  OTY-ST-ZIP  MIAMI BEACH FL 33140  4.4 CITY-ST-ZIP  NAME  STREET ADDRESS  OTY-ST-ZIP  MIAMI BEACH FL 33140  4.5 STREET ADDRESS  OTY-ST-ZIP  MIAMI BEACH FL 33140  4.5 STREET ADDRESS  OTY-ST-ZIP  NAME  STREET ADDRESS  OTY-ST-ZIP  NAME  STREET ADDRESS  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  STREET ADDRESS  OTY-ST-ZIP  ADDREST  6.5 STREET ADDRESS  OTY-ST-ZIP  ADDREST  AD	1		☐ DEFFIE					[] Change	8 LI ADUIDON
CITY-ST-ZIP MIAMI BEACH FL 33140	NAME								
TITLE V DELETE 2.1 TITLE	STREET ADDRESS			1.3 STRE	ET ADI	Dress			
MAYBERG, JOSEPH ISAAC  STREET ADDRESS  4433 NORTH BAY ROAD  CITY-ST-ZIP  MIAMI BEACH FL 33140  DELETE  3.1 TITLE  MAYBERG, SCHNEUR ZALMAN  3.2 NITHE  MAYBERG, SCHNEUR ZALMAN  3.3 SIRRET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL 33140  3.4 CITY-ST-ZIP  TITLE  T  DELETE  4.1 TITLE  T  Change  Addition  Addition  MAYBERG, MENACHEM M  4.2 NAME  MAYBERG, MENACHEM M  4.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL 33140  1.2 NAME  MAYBERG, MENACHEM M  4.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  MAME  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  6.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  6.4 CITY-ST-ZIP  TITLE  MAME  6.4 CITY-ST-ZIP  TITLE  MAME  6.4 LITY-ST-ZIP  TITLE  MAME  6.5 STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  6.7 STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  6.8 STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  6.9 STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  6.1 STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  MAYBERG, SCHNEUR ADDRESS  MAMINE  MAYBERG, SCHNEUR ADDRESS  MAMINE  MAME  MAYBERG, SCHNEUR ADDRESS  MAME  MAYBERG, SCHNEUR			D DELETT	_		ZIP		Chann	Addition
STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL 33140  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  S. DELETE  3.1 TITLE  S. Addition  NAME  MAYBERG, SCHNEUR ZALMAN  3.2 NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL 33140  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  T. DELETE  4.1 TITLE  T. ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL 33140  4.2 NAME  MAYBERG, MENACHEM M  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL 33140  4.4 CITY-ST-ZIP  MIAMI BEACH FL 33140  4.4 CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  S.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Change Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP  TITLE  S.4 CITY-ST-ZIP  TITLE  S.5 STREET ADDRESS  6.4 CITY-ST-ZIP  TITLE  ADDRESS  6.5 STREET ADDRESS  6.5 STRE	TITLE	•	L_ DELETE			l		Li change	B MOUILION
CITY-ST-ZIP MIAMI BEACH FL 33140	NAME	•				j			
TITLE S DELETE 3.1 TITLE AADRESS CHNEUR ZALMAN 3.2 NAME A433 NORTH BAY ROAD 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 3.4 CITY-ST-ZIP Change Addition MAME MAYBERG, MENACHEM M 4.2 NAME A433 NORTH BAY ROAD 4.2 NAME A433 NORTH BAY ROAD 4.3 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 4.2 NAME AT A STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 5.1 TITLE AT A STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 5.3 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140 5.3 STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.5 STREET ADDRESS CITY-ST-ZIP 5.5 STREET ADDRESS CITY-ST-ZIP 5.5 C	STREET ADDRESS			2.3 STREE	ET ADI	DRESS			
MAME MAYBERG, SCHNEUR ZALMAN  433 NORTH BAY ROAD  33 STREET ADDRESS  CITY-ST-ZIP  MILMI BEACH FL 33140  34. CITY-ST-ZIP  TITLE  T  MAYBERG, MENACHEM M  42 NAME  433 NORTH BAY ROAD  43 STREET ADDRESS  CITY-ST-ZIP  TITLE  MAMI BEACH FL 33140  44 CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  5.2 NAME  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  DELETE  6.1 TITLE  DELETE  6.1 TITLE  DELETE  6.1 TITLE  STREET ADDRESS  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 is trye and accurate and that mry signature shall have the same legal effect as if made under oath; that I am an officer or director of the porporation or the receiver or trustee emplowered to gevere to ycherpter (by Chapter Oby, Florida Statutes. and that my name appears in				_		ZIP			Telegra.
STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140  3.3 STREET ADDRESS CITY-ST-ZIP  TITLE T DELETE 4.1 TITLE T MAYBERG. MENACHEM M 4.2 NAME 4433 NORTH BAY ROAD 4.3 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33140  44 CITY-ST-ZIP  TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 5.3 STREET ADDRESS CITY-ST-ZIP  DELETE 6.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP  TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP  THLE NAME 5.1 TITLE NAME 5.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP  1.1 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 to, 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 porporation or the receiver or russee emplowered to gyecute this report as required by Chapter 607, Florida Statutes, and that my name appears in	TITLE	~						L Change	B L Addition
MIAMI BEACH FL 33140  ITILE  T  MAYBERG, MENACHEM M  STREET ADDRESS  A433 NORTH BAY ROAD  A4 CITY-ST-ZIP  MIAMI BEACH FL 33140  DELETE  5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  ADDRESS  CITY-ST-ZIP  TITLE  ADDRESS  CITY-ST-ZIP  TITLE  ADDRESS  CITY-ST-ZIP  TITLE  ADDRESS  CITY-ST-ZIP  ADDRESS  CITY-ST-ZIP  ADDRESS  CITY-ST-ZIP  ADDRESS  CITY-ST-ZIP  ADDRESS  CITY-ST-ZIP  TITLE  ADDRESS  ADDRESS  CITY-ST-ZIP  ADDRESS  CITY-ST	NAME	•	N	3.2 NAME	E				
TITLE TOWARD Addition  NAME MAYBERG. MENACHEM M  STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL 33140  DELETE 5.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 6.1 TITLE  DELETE 6.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 6.1 TITLE  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE 6.1 TITLE  Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  FLETE 6.1 TITLE  Change Addition  Addition  Addition  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  14. I hereby certify that the information supplied with this fling 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 of suppliemental 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 popropration or the receiver or trustee emplowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in	STREET ADDRESS								
MAYBERG, MENACHEM M  4.2 NAME  STREET ADDRESS  4433 NORTH BAY ROAD  4.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL 33140  4.4 CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  DELETE  6.1 TITLE  Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Change Addition  Change Addition  Addition  NAME  1. 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 of 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 gorporation or the receiver or trustee emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in		MIAMI BEACH FL 33140				ZIP			1 1 2 2 m
STREET ADDRESS CITY- ST-ZIP MIAMI BEACH FL 33140  44.CITY- ST-ZIP  DELETE 5.1 TITLE  DELETE 5.2 NAME  STREET ADDRESS CITY- ST-ZIP  TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY- ST-ZIP  TITLE DELETE 6.1 TITLE ADDRESS CITY- ST-ZIP 6.2 NAME STREET ADDRESS 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 of 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 porporation or the receiver or truslee emplowered to 9 ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in	TITLE	1	L. DELETÉ					L. Unange	E MODILION
### Addition    Change	NAME								
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  5.1 TITLE  5.2 NAME  5.2 NAME  5.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  6.1 TITLE  6.2 NAME  6.2 NAME  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 of 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 gorporation or the receiver or trustee emplowered to go cute this report as required by Chapter 607, Florida Statutes; and that my name appears in	STREET ADDRESS					- 1			
NAME  STREET ADDRESS  CITY - ST - ZIP  TITLE  DELETE  61 TITLE  Change Addition  62 NAME  STREET ADDRESS  CITY - ST - ZIP  6.1 TITLE  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  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 of 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 purporation or the receiver or trustee emplowered to guestle this report as required by Chapter 607, Florida Statutes; and that my name appears in		MIAMI BEACH FL 33140	Torrett	_		ZIP	· · · · · · · · · · · · · · · · · · ·	Chann	Addition
STREET ADDRESS  CITY-ST-ZIP  5.4 CITY-ST-ZIP  5.4 CITY-ST-ZIP  6.1 TITLE  Change Addition  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 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 of 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 gorporation or the receiver or trustee emplowered to guideling the same legal effect as if made under oath; that I am an officer or director of the gorporation or the receiver or trustee emplowered to guideling the same legal effect as if made under oath; that I am an officer or director of the gorporation or the receiver or trustee emplowered to guideling the same legal effect as if made under oath; that I am an officer or director of the gorporation or the receiver or trustee emplowered to guideling the same legal effect as if made under oath; that I am an officer or director of the gorporation or the receiver or trustee emplowered to guideling the same legal effect as if made under oath; that I am an officer or director of the gorporation or the receiver or trustee emplowered to guideling the same legal effect as if made under oath; that I am an officer or director of the gorporation or the receiver or trustee employers.			[ ] OFFETE			ĺ		L) Citange	
CITY-ST-ZIP  TITLE  DELETE  6.1 TITLE  6.2 NAME  6.2 NAME  6.3 STREET ADDRESS  CITY-ST-ZIP  6.4 CITY-ST-ZIP  14. Thereby 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 purporation or the receiver or trustee emplowered to guideline this report as required by Chapter 607, Florida Statutes; and that my name appears in									
TITLE  NAME  6.2 NAME  6.2 NAME  6.3 STREET ADDRESS  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 of a 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 gorporation or the receiver or trustee emplowered to secure this report as required by Chapter 607, Florida Statutes; and that my name appears in	STREET ADDRESS								
NAME  STREET ADDRESS  CITY-ST-ZIP  14. Thereby 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 purporation or the receiver or trustee emplowered to guidely this report as required by Chapter 607, Florida Statutes; and that my name appears in			T profess			ZIP		Chara	Addition
STREET ADDRESS  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 of 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 gorporation or the receiver or trustee emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in			LJ DEFFIE			}		L CHAUGE	S MOUNDIN
CITY-ST-ZIP  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 of 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 guiporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	NAME								
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 of 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	STREET ADDRESS								
indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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	CITY-ST-ZIP	and the state of t	th this filling place and arrests of				Section 110 07/3Vi) Elected Statutes 15 where	cortify that t	he information
officer or director of the origonation or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	14. I nereby of indicated	ertify that the information supplied wit on this annual report of supplemental	annual report is true and acc	ਸ਼ਾਜ਼ਰ exem urate and t	hat r	n stated in t my signatur	e shall have the same legal effect as if made	under oath;	that I am an
	officer or of	director of the corporation or the recei	ver or trustee emplowered to e	execute this	s rep	ort as requ	ired by Chapter 607, Florida Statutes; and tha	t my name a	appears in