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PROFIT CORPORATION **ANNUAL REPORT** 1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Jan 25, 1999 8:00am **Secretary of State**

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1. Corporation Name

A.J	T	ibsark,	. Inc
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A.J HBSARK, INC.				
Principal Place of Business	Mailing Address	معملين والمالية المالية المالية		
710 WASHINGTON AVE	710 WASHINGTON AVE			and the second second
<u>3</u>	MALII DOLI EL 20120		DO NOT WRITE IN T	HIS SPACE
MIAMI FL 33139 MIAMI BCH FL 33139 US			3. Date Incorporated or Qualifed	
us			12/07/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
-	<u></u>	1/12	59-3346867	Not Applicable
21 Suite, Apt. #, etc.	Suite, Apt. #, etc.	112	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
¬ ∧ \/ \/ \	\sim 27 \sim \sim	<u> </u>		
City & State	City & State	•	6. Election Campaign Financing	. \$5.00 May Be Added to Fees
23	28		Trust Fund Contribution	
Zip Coun		Country	This corporation owes the current year Personal Property Tax.	Yes Do
24 25	29 3		10. Name and Address of New Register	
9. Name and Add	ress of Current Registered Agent	81 Name	To. Ivalie and Addition of the Market	
		1 1		
TIBI, ARNAÙD	E # 16E	82 Street Add	ress (P.O. Box Number is Mor Acceptable)	
1881 WASHINGTON AV		83	046-16-5-18-5	中的企业技术
MIAMI BEACH FL 3313	9 		(A)	等的
		84 City		FI 85 *Zip Code
The second se	ections 607.0502 and 607.1508, Florida Statutes	the above pamed COI	poration submits this statement for the purpor	se of changing its registered
11. Pursuant to the provisions of Se				
office or registered agent, or bo	th, in the State of Florida ccept the obligations of, Section 607.0505, Florida incomparison of the comparison of the co	da Statutes. Registered Agent signature requi	and when reinstalling 1	TE
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I nereby certify treat the information application application in the receiver 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: