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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P96000010014 (4)

MINDY S. GLAZER, P.A.

Principal Place of Business

Mailing Address

FILED Apr 27 1998 8:00am Secretary of State



1401 NW 13 Miami FL 3 US	7TH STREET 3125	1401 NW 17TH AVE NO. MIAMI FL 33125 US		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  01/25/1996
	lace of Business	2a. Mailing Address	\ \ \ C	4. FEI Number Applied For
	Vest Flagler St.		lagler S	<b>1.</b> 65-0642110 Not Applicable
Suite, Apt. 22 <b>ろ</b> り	ite 500	Suite, Apt. #, etc. 27 Suite 50	0	5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	T 1	City & State  28 Miami	FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24 331	30 25 USA	Zip 29 33 130 3	Country P	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 🔀 Yes 🔲 No
	9, Name and Address of Current			10. Name and Address of New Registered Agent
GLAZER, MINDY S  1401 NW 17TH AVE  MIAMI FL 33125  B1 Name MINDY S. GLAZER  B2 Street Address (P.O. Box Number is Not Acceptable)  B3 West Flagler Street				
			84 City	vite 500
44 Dura ant	A. d	10074500 50 44 60 4		11  am
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes, Florida: Such change was aut	, the above-named horized by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE 4	Signature Typed or printing union or registered agent	and it if applicable (NOTE: F	togetored Agent signature	e required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Change Addition
NAME	GLAZER, MINDY \$	!	1.2 NAME	
STREET ADDRESS	1401 NW 17TH AVE		1.3 STREET ADDRESS	28 West Flagler Street, Suite soo
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	28 West Flagler Street, Suitesoo Miami, Florida 33130
TITLE		☐ DELETE	2 1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>		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-ZIP	
TITLE		☐ DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADORESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TOTLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ OELETÉ	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY-ST-ZIP	

14. I hereby certify that the Information supplied with this fiting 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 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 fursities 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.

SIGNATURE: Minds A. Slaw MINDYS. GLAZER 4-20-98 (305)579-2100