## 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

1	MENT # P9600 00, INC.	0013812 (8)		 	BBIS BURN HIBB NION AND HIB HER HER
Principal Place of Business		Mailing Address			1000 04121 11222 11101 14121 11010 1121 1341
12801 W SUNRISE BLVD STE #711		33 SW 2ND AVE Miami FL 33130			
SUNRISE FL 33323		US		DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualified	t c
9 Principal Pi	lace of Business	2a. Mailing Address		02/14/1996 4. FEI Number	Land Food
21	INCE OF DUBITIONS	26		65-0650708	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.			SR 75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	
Zip Country		Zip Country		Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation owes or has personal Property Tax due Jui	. — . — .
	9. Name and Address of Curr		30	10. Name and Address of New I	
HFC	CHT, ALAN R	· · · · · · · · · · · · · · · · · · ·	81 Name		
2670 NE 215 STREET			82 Street /	Address (P.O. Box Number is Not Accept	(able)
MIA	MI FL 33180				
į			[83]		
•			84 City		85 Zip Code
44 Dureupot t	to the provisions of Sections 607.0	502 and 607 1509 Florida State	tos the about named	corporation submits this statement for the	FL of the paint its registered
office or re	egistered agent, or both, in the Sta	ale of Florida. Such change was	authorized by the corp	corporation submits this statement for the poration's board of directors. I hereby acc	cept the appointment as registered
	ит <b>га</b> нива wan, ан <b>о а</b> ссерт не об	igations of, Section bor.0305, F	ionda Staidles.		
SIGNATURE	Signature typod or printed name of registered in	agent and title if applicable (NC	TE. Registered Agent signature	required when reinstating)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	DONNER, WILLIAM I 33 SW 2ND AVE		1.2 NAME		
CITY-ST-ZIP	MIAMI FL 33131		1.3 STREET ADDRESS 1.4 City-St-Zip		
TITLE	DYP	DELETE	21 TITLE		Change Addition
NAME	HECHT, LAWRENCE		2.2 NAME		
STREET ADDRESS	33 SW 2ND AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		2. 4 C(1Y-ST-Z(P		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME OTDECT LINCOLOG			3.2 NAME		
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
TITLE		DEL <b>E</b> 1E	3.4. CHY-SI-ZIP 4.1 TITLE		Change Addition
NAME		<del>-</del> -	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHTY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		[_] DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADORESS	<i>f</i>		5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	<del></del>	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME	/		6.2 NAME		
STREET ADDRESS		1	6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST- ZIP		
14. I hereby o	certify that the information sypplied on this annual report of Kusplemer	with his fling does not qualify	for the exemption state	d in Section 119.07(3)(i), Florida Statutes nature shall have the same legal effect as required by Chapter 607, Florida Statute	I further certify that the information
officer or	director of the corporation of the	eceiver of truster en powered to	execute this report as	required by Chapter 607, Florida Statute	s; and that my name appears in

**FILED** 

Apr 22 1998 8:00am

Secretary of State