## 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

## FILED May 12 1998 8:00am Secretary of State

Principal Place of Business  Mailing Address  1367 N.E. 1890 STREET NORTH MANII BEACH FI, 33162  1367 N.E. 1890 STREET NORTH MANII BEACH FI, 33162  2 Fincipal Place of Business  3 Mailing Address  3 Mailing Address  1367 N.E. 1890 STREET NORTH MANII BEACH FI, 33162  2 Fincipal Place of Business  3 Mailing Address  3 Mailing Address  4 Down The Manii Beach FI, 33162  2 Fincipal Place of Business  3 Mailing Address  4 Mailing Address  4 Down The Manii Beach FI, 33162  3 Down April 8, etc.  3 Mailing Address  4 Mailing Address  5 Mailing Address  4 Mailing Address  4 Mailing Address  5 Mailing Address  4 Mailing Address  5 Mailing Address  4 Mailing Address  5 Mailing Address  5 Mailing Address  5 Mailing Address  6 Mailing Addr
Service   Serv
1367 N.E. 162ND STREET NORTH MAMI BEACH FL 33162  2. Principal Place of Business 2. Maining Address 2. Principal Place of Business 2. Maining Address 2. Sulfe, Apt. #, etc. 2. City & State 3. City & State 3
## DO NOT WRITE IN THIS SPACE    Principal Place of Business   2s. Mailing Address   4. FEI Number   Applied For
South Committee   South Comm
2. Principal Place of Business   2. Malling Address   4. FEI Number   Applied For   Not Applicable   Suite, Apt. 6, etc.   Suite,
Suite, Apt. #, etc.    Suite, Apt. #, etc.
Surie, Apt. 8, etc.    Surie, Apt. 8, etc.   Surie, Apt. 9, etc.   Surie, Apt. 9, etc.   Surie, Apt. 9, etc.   Surie, Apt. 9, etc.
Cry & State  Cry &
City & State    City & State   City & State   City & State   City & State   City & State   Country   Zip   Country   Zip   Country   Zip   Country   St. This corporation was or has paid the current year Internalphile Personal Property Tax due June 30.   Yes   No   No   No   No   No   No   No   N
Zip
20   20   20   20   20   20   20   20
28
PESETSKY, WALTER S 1387 N.E. 162ND STREET NORTH MIAMI BEACH FL 33162  82   Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   85   Zip Code  85   Street Address (P.O. Box Number is Not Acceptable)  86   City   FL   86   Zip Code  87   City   FL   88   Zip Code  88   City   FL   89   Zip Code  89   City   FL   80   Zip Code  89   City   FL   80   Zip Code  80   City   FL   80   Zip Code  80   City   FL   80   Zip Code  80   City   FL   80   Zip Code  81   Parsuant to the provisions of Sections 607 0502 and 607 1508. Florids 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 and member of registered agent and this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered agent and the provision
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 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 office or registered agent are directors of the special remains an experiment as registered office or registered agent are directors. I hereby accept the appointment as registered statutes.  SIGNATURE  Signature, hyeric or protect name of impatient agent and title if agricultable (NOTE Registered Agent synthetic required when reinstating)  DATE  Signature, hyeric or protect name of impatient agent and title if agricultable (NOTE Registered Agent synthetic required when reinstating)  DATE  Signature, hyeric or protect name of impatient agent and title if agricultable (NOTE Registered Agent synthetic required when reinstating)  DATE  Signature, hyeric or protect name of impatient agent agricultable (NOTE Registered Agent synthetic required when reinstating)  DATE  Signature, hyeric or protect name of impatient agent and title if agricultable (NOTE Registered Agent synthetic required when reinstating)  DATE  Signature, hyeric or protect name of impatient agent and title if agricultable in the compositions of the corporations board of directors. I hereby accept the appointment as registered agent and to registered agent agent agricultable in the corporations board of directors. I hereby accept the appointment as registered agent and title by the corporations board of directors. I hereby accept the appointment as registered agent age
1367 N.E. 162ND STREET NORTH MIAMI BEACH FL 33162  82 Street Address (P.O. Box Number is Not Acceptable)  83    84 City
NORTH MIAMI BEACH FL 33162  83  84 City  FL 88 Zip Code  11. Pursuant to the provisions of Sections 607 05/02 and 607, 1506, Florids 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 Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, post or protect name of requisered agent authorized by the corporation's board of directors. I hereby accept the appointment as registered of the change of protect name of requisered agent
TILE DVP DELETE 1.1 TITLE DELETE 2.1 TITLE DELETE 3.3 SIRRET ADDRESS 1.9 MONASHINGTON AVENUE 2.2 SIRRET ADDRESS 1.9 MONASHINGTON AVENUE 1.0 DELETE 1.1 TITLE DE
### Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids 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 Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  #### Signature, typed or prented name of registered agent and little if agricultable (NOTE Registered Agent agricultable agent agricultable agent agricultable agent and little if agricultable agent and little if agricultable agent agent agricultable agent a
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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.    SiGNATURE
SIGNATURE    Signature, typed or profiled name of legistered agent and litie if agrificable   (NOTE Registered Agent argunture required when reinstating)   DATE
Signature, typed or proted name of regularect agont and lite if agrylacible (NOTE Regulatered Agont agrature required when renation)
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DVP  GARCIA, RAQUEL  112NAME  STREET ADDRESS  CITY-ST-ZPP  MIAMI FL  DP  DELETE  1.1 TITLE  1.2 TITLE  DP  DELETE  1.3 STREET ADDRESS  CITY-ST-ZPP  DELETE  2.1 TITLE  DP  TITLE  DP  TITLE  DP  TITLE  DELETE  3.1 TITLE  3.2 STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.4 CITY-ST-ZIP  TITLE  AMAGE  STREET ADDRESS  CITY-ST-ZIP  DELETE  4.1 TITLE  AMAGE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  AL TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Location of Change Addition  Addition  Addition  Addition  Addition  AMAGE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  Addition  Addition
TITLE DVP DELETE 1.1 TITLE CANGE Addition  NAME GARCIA, RAQUEL 12 NAME  STREET ADDRESS CITY-ST-ZIP MIAMI FL 1.3 STREET ADDRESS CITY-ST-ZIP DP DELETE 2.1 TITLE CANGE SAWYER, BETTY D 2.2 NAME STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 2.3 STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE CANGE Addition  NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE CANGE Addition  STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE CANGE Addition  NAME 3.3 STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE CANGE Addition  NAME 4.2 NAME STREET ADDRESS CITY-ST-ZIP  TITLE CANGE Addition  Addition  Change Addition  Addition  Lange Addition  Change Addition  Addition  Change Addition  Addition  Change Addition  Addition  Change Addition  Change Addition
STREET ADDRESS CITY-ST-ZIP MIAMI FL  ITILE DP DP DELETE 21 TITLE SAWYER, BETTY D 22 NAME STREET ADDRESS CITY-ST-ZIP TITLE OPA LOCKA FL DELETE 31 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE DELETE ADDRESS CITY-ST-ZIP TITLE DELETE ADDRESS CITY-ST-ZIP TITLE DELETE Change Addition
DELETE   1.4 CITY-ST-ZIP   DP
TITLE DP DELETE 21 TITLE Change Addition  NAME SAWYER, BETTY D 22 NAME  STREET ADDRESS 1940 WASHINGTON AVENUE 2.3 STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 3.1 TITLE Change Addition  NAME 32 NAME  STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  TITLE DELETE 4.1 TITLE Change Addition  NAME STREET ADDRESS 3.4 CITY-ST-ZIP  TITLE DELETE 4.1 TITLE Change Addition  NAME 4.2 NAME  STREET ADDRESS 4.4 CITY-ST-ZIP  TITLE DELETE 5.1 TITLE Change Addition
NAME STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL  DELETE  3.1 TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  4.1 TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  4.2 NAME STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  4.3 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  4.4 CITY-ST-ZIP  TITLE  DELETE  4.5 STREET ADDRESS CITY-ST-ZIP  TITLE  DELETE  5.1 TITLE  DELETE  DELETE  Addition
1940 WASHINGTON AVENUE   2.3 STREET ADDRESS   2.4 CITY - ST - ZIP
Criv-st-zip   OPA LOCKA FL   2.4 city-st-zip
TITLE         DELETE         3.1 TITLE         Change         Addition           NAME         3.2 NAME
NAME   3.2 NAME   3.3 STREET ADDRESS   CITY-ST-ZIP   3.4 CITY-ST-ZIP   Change   Addition   Additi
3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP   Change   Addition
CRY-ST-ZIP     3.4 CITY-ST-ZIP     Change   Addition
TITLE
NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition
STREET ADDRESS         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition
TITLE DELETE 5.1 YITLE Change Addition
v.e. rewill
STREET ADDRESS 5.3 STREET ADDRESS
CITY-\$1-ZIP
TITLE DELETE 6.1 TITLE Change Addition
NAME 62 NAME

I hereby certify that the information supplied with this filling 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 eath; 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 Block 13 if chapter 607 or on an attachment with an address.

SIGNATURE:

Dethy SAWYER Pres 41

8 471-0023