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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P96000026746 (3)

Principal Place of Business Mailing Address 2875 NE 191ST STREET STE 404 NO MIAMI BEACH FL 33180 Mailing Address 2875 NE 191ST STREET STE 404 NO MIAMI BEACH FL 33180						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
2. P	Principal Place of Business 2a. Mailing Address						03/26/1996 4. FEI Number 65-0664756 Applied For
21		26					APPLIED FOR Not Applicable
22 22	suite, Apt. #, etc. 27						5. Certificate of Status Desired See Regulred \$8.75 Additional Fee Regulred
	City & State City & State						6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Z	qi	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible
24		9 Name and Address of Curren		30	т		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
Name and Address of Current Registered Agent REINHARD, SANFORD N					81	Name	IN MRING BID WORLDS OF LIGHT LIGHTER OF WARRE
	2875 NE 191ST STREET STE 404 NO MIAMI BEACH FL 33180					City	ress (P.O. Box Number is Not Acceptable) 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 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 Signature, typed or pented name of registered agent and the Manghemble (NOTE Registered Agent signature required when reinstaling) DATE 12. OFFICERS AND DIRECTORS IN 12							
TITLE				1.171	TLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	1	GOLDLIST, ISADORE		1.2 NAME		1	
STREE	T ADDRESS			1.3 ST	TAEET	ADDRESS	
	ST-ZIP				TY-S	T-ZIP	
TITLE	1	VPS			TLE		Change Addition
NAME	T ADDRESS			2.2 N		ADDRESS .	j
CITY-	· 1					IT-ZIP	+ :
TITLE				31 TI			Change Addition
NAME				3.2 N	AME		
STREE	T ADDRESS			1		ADDRESS	
	ST-ZIP			_		T-21P	Change Addition
TITLE	}			4.1 TI 4.2 N		1	Li change Adduton
NAME	T ADDRESS					ADDRESS	
CITY-S					IKEET ITY-S		
TITLE	91-2H		DELETE	5.1 TI			☐ Change ☐ Addition
NAME				5.2 N/	AME		
STREET	T ADDRESS			5.3 \$1	TREET	ADORESS	1
				1,40	m/ 61	7 710	

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 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 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.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

2:5. 511

1/03/90 /306/930-5 55

Change

Addition

FILED

May 20 1998 8:00am

Secretary of State