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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1	EN H. SHERIFF, P.A.	0036222 (1)		 	11/04 10:10 1:41# HOLD 1!21 1#01
Dringle at Dive	a at Durán sas	Mailean Address			/AEI 18/18 EIB FIB BI BI
Principal Plac		Mailing Address			
407 LINCOLN Ste 6-L	HU	407 LINCOLN RD STE 6- MIAMI BEACH FL 33139	L		
MIAMI BEACH FL 33139 US				DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualified	
				05/02/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# ptc	Suite, Apt. #, etc.		65-0662801	Not Applicable \$8.75 Additional
22 50	. 1	27 Suite 2	~ (5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registere	d Agent
	ERIFF, STEPHEN H		81 Name		
407 LINCOLN RD STE'BL 2L			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)	
			63		
MIZ	AMI B EACH FL 33139		[8]		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statut	es, the above-named cor	rporation submits this statement for the purpose	of changing its registered
office or r	egistered agent, or both, in the State m tamiliar with, and accept the oblid	of Florida, Such change was a	authorized by the corpora orida Statutes	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	opointment as registered
SIGNATURE	and the first terms of the constraint		orida ottigioo		
SIGNATURE	Stonature, typed or printed name of registered ag-		E: Registered Agent signature requ	ured when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD STEPLET STEPLEN II	☐ DELETE	1.1 TITLE		Change Addition
NAME	SHERIFF, STEPHEN H 407 LINCOLN RD STE 6-1. 3	1	1.2 NAME	Cul. a i	
STREET ADDRESS	MIAMI BEACH FL	K L	1.3 STREET ADDRESS	Suite 2-L	
CATY+ST-ZIP TITLE	MIAMI BEAUTI IL	DELETE	1.4 CITY - ST - 7IP 2.1 TITLE		Change Addition
NAME			2.2 NAME		change rissinon
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - \$1 - 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		
TITUE	_	DELETE	4.1 TITLE		Change Addition
NAME	•		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T secto	4.4 CITY - ST - ZIP		T 0
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	,		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	54 CHY-ST-ZIP 61 THILE		Change Addition
NAME		L-1 DEFECT	6.2 NAME		The principle The second of
STREET ADDRESS			6.3 STREET ADDRESS		
ALICE VALUE OF			C.D OTHERT ADDITEOU		

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 trusted 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 our an attachment with an address.

CITY-ST-ZIP

4/20/08

FILED

May 14 1998 8:00am

Secretary of State