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

DOCUMENT # P96000044807 (1)

6TH STREET SOUTH CORP.

FILED May 13 1998 8:00am Secretary of State



Suite April # 60 Suite April # 60 Suite April		_				
MAME BEACH FL 30141 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Cuminised (5/20/30/30/30/30/30/30/30/30/30/30/30/30/30	Principal Place	e of Business	Mailing Address			ti dinia dinat antii aniii shei indi
2. Principal Paces of Buyeres						
2. Principal Pands of Rusyness 2. Motiving Arthresis 3. Motiving Arthresis 4. Motiving A	MINNI DENVI	1 FE 90141	MIMMI DENOTI PE 33141		DO NOT WRITE IN T	HIS SPACE
2. Manage and Buggross Academic for management Academic for manage	•				,	A 10 - 11 - 11 - 11 - 11 - 11 - 11 - 11
Solito April 4, 860	A D-f					
Suite, April 4, etc. Suite, April 4, etc.	2. Principal Pi	lace of Business	Anne F	Trainen De	4. FEI Number	
Control of the Cont				BAINEU DR	. 0070007000	
Comparison Com	22		h		5. Certificate of Status Desired	T
Added to Fees Control Added to Fees Control Added to Fees Control Added to Fees Addition Addit		• • 0 • 0	City & State	2 1 0	6. Election Campaign Financing	·
Second Proposity Tax clue June 30 Yes Name and Address of Current Registered Agent 10. Name and Address of Name and Name and Na	23 [1] A	MI BEACH, PU	28 PIAMID		Trust Fund Contribution	
DEVECHT, SCOTT L ONE LA GORCE CIRCLE MIAMI BCH FL 33141 11. Parsuant to the provisions of occions or 0.00 and 807 All, Facilia Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. Lam familiar-pulped and accept the changing of statutes agent. Lam familiar-pulped and accept the changing of statutes agent. Lam familiar-pulped and accept the changing of statutes agent. Lam familiar-pulped and accept the changing of statutes agent. Lam familiar-pulped and accept the changing of statutes agent. Lam familiar-pulped and accept the changing of statutes agent. Lam familiar-pulped and accept the changing of statutes agent	2 ip.	OA COMMITY	- 2014M			
DEVECHT, SCOTT L ONE LA GORGE CIRCLE MIAMI BCH FL 33141 11. Pursuant to the provisions of Sections 607 0502 and 827 Fig. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agency of both, in the State of 1 to 25 Foot office or registered agency of both, in the State of 1 to 25 Foot office or registered agency of both, in the State of 1 to 25 Foot office or registered agency of both, in the State of 1 to 25 Foot office or registered agency of both, in the State of 1 to 25 Foot office or registered agency of both, in the State of 1 to 25 Foot office or registered agency of both, in the State of 1 to 25 Foot office or registered agency of both, in the State of 1 to 25 Foot office or registered agency of both, in the State of 1 to 25 Foot office or registered agency of both, in the State of 1 to 25 Foot office or registered agency of both, in the State of 1 to 25 Foot office or registered agency of both, in the State of 1 to 25 Foot office or registered agency of both, in the State of 1 to 25 Foot office or registered agency of both, in the State of 1 to 25 Foot office or registered agency of both, in the State of 1 to 25 Foot office or registered agency of both, in the State of 1 to 25 Foot office or registered agency of both in the State of 1 to 25 Foot office or registered agency of both in the State of 1 to 25 Foot office or registered agency of both in the State of 1 to 25 Foot office or registered agency of both in the State of 1 to 25 Foot office or registered agency of both in the State of 1 to 25 Foot office or registered agency of 1 to 25 Foot office or registered agency of 1 to 25 Foot office or registered agency of 1 to 25 Foot office or registered agency of 1 to 25 Foot office or registered agency of 1 to 25 Foot office or registered agency of 1 to 25 Foot office or registered agency of 1 to 25 Foot office or registered agency of 1 to 25 Foot office or registered agency of 1 to 25 Foot office or registered agency of 1 to	24 35/3			30 657/		
ONE LA GORCE CIRCLE MIAMI BCH FL 33141 82 Strong bridges (P 0 9 M Number is Not Acceptation)	DE/		The state of the s	81 Name	(U. 1401110 BING AUGUSOS OF HOW HOGISTO	ION WAGIN
MAMI BCH FL 33141				<u> </u>	AMC	
11. Pursuant to the provisions of sections 607 00:02 and 607 17:08, Fronta Statutors, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of both, in the State of Floors fund of Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent of both, in the State of Floors fund of Statutes. Signature Signature special part of Statement of Statutes in Philipping of Statement of Statutes in Philipping of Statement of State				2 299	diess (P.O. Box Number is Not Acceptable)	'. TINO
11. Pursuant to the provisions of Socialons 607 05.02 and 607 05.05, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familian cultifact accept the cultifact of library in the State of I library in the Stat	••••			83		
11. Pursuant to the provisions of Socialons 607 05.02 and 607 05.05, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familian cultifact accept the cultifact of library in the State of I library in the Stat				RA City m	<i></i>	Ing. Tip Code
office of registered agenty. Both, in the Shafe of Library Such cyting on the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familian high and accept the philipitation of Science and agent agent and accept the philipitation of Science and agent agent and accept the philipitation of Science and agent agent and accept the philipitation of Science and agent agent agent and accept the philipitation of Science and accept the acceptance and that accept the acceptance and that accept the acceptance and that the philipitation of Science and the philipitation of Science and the science and that may all accept and the philipitation of Science and that may all accept and accept the acceptance and that the accept accept and that may all accepts and the philipitation of Science and the science and the philipitation of Science and the		_ 1	. /	1 1/2		
SIGNATURE Significan by Mischans According denderable PROTE Repostable Agent a granted animal addition and the state of	11. Pursuant t	to the provisions of Sections 607.050	2 and 607 1808, Florida Statute	es, the above-named co	rporation submits this statement for the purpor	se of changing its registered
INCIDENT	agent. I ar	m familia with and accept the ibligi	ations of Section 507.050s, Flo	rida Statutes.	ation's board of directors. I hereby accept the	appointment as registered
IZ	SIGNATURE	New /	1 11/1/1/	Sin / 1	W/18/18/ 4/20/9/	9
THE LOMBARDI, DAVID ILA GORCE CIRLCE MIAMI BEACH FL 33141 THE DEVECHT, SCOTT L INSERT ADDRESS ILA GORCE CIRLCE MIAMI BEACH FL 33141 DEVECHT, SCOTT L INSERT ADDRESS ILA GORCE CIRLCE MIAMI BEACH FL 33141 DEVECHT, SCOTT L INSERT ADDRESS INSERT			· · · · · · · · · · · · · · · · · · ·			
UMBER LONGES INTERET ADDRESS I	TITLE				ADDITIONS/CHANGES TO OFFICERS	
THE TADDRESS I LA GORCE CIRLCE MIAMI BEACH FL 33141 AME DEVECHT, SCOTT L TA GORCE CIRLCE STREET ADDRESS THE ADDRESS I LA GIV-SI-ZIP AMA BEACH FL 33141 DELETE DELETE JETHER ADDRESS JA CIV-SI-ZIP ADDRESS JA CIV-SI-ZIP THE JETHER ADDRESS JA CIV-SI-ZIP DELETE JETHER ADDRESS JA CIV-SI-ZIP DELETE JETHER ADDRESS JA CIV-SI-ZIP THE AD	NAME	 -				Change I recall on
MIAMI BEACH FL 33141	STREET ADDRESS				2995 Flamingo Ux	<i>ike</i>
DELETE 21 TITLE 22 NAME 22 STREET ADDRESS 23 STREET ADDRESS 24 CITY-ST-ZIP 1 TITLE 22 NAME 32	CITY-ST-ZIP				Miani Beach A.	33/40
THE MIAMI BEACH FL 33141 DELETE 3.1 TITLE 3.2 MIAMI STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP IT LE ADDRESS 4.1 TITLE 4.1 TITLE 5.2 MIAMI 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP IT LE ADDRESS 4.3 STREET ADDRESS 5.4 CITY-ST-ZIP IT LE ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STRE	TITLE	DST	DELETE			Change Addition
Addition Change Addition	NAME			2.2 NAME	2985 Flamours I), ,,,
THE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE 6.1 DELETE 4.1 TITLE 7.2 NAME 4.2 NAME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 6.2 NAME 6.3 STREET ADDRESS 6.	STREET ADDRESS			2.3 STREET ADDRESS	A A CONTRACTOR	es will
AME STREET ADDRESS STY-ST-ZIP STUDENTILE DELETE A1 TITLE Change Addition ADDRESS A1 CITY-ST-ZIP A1 TITLE Change Addition ADDRESS A2 STREET ADDRESS A3 STREET ADDRESS A3 STREET ADDRESS A4 DITY-ST-ZIP DELETE DELETE DELETE S1 TITLE Change Addition ADDRESS ATY-ST-ZIP TITLE ADDRESS ATY-ST-ZIP TITLE ADDRESS ATY-ST-ZIP TITLE ADDRESS ATY-ST-ZIP TITLE Change Addition ADDRESS ATY-ST-ZIP TITLE Change Addition ADDRESS ATY-ST-ZIP TITLE Change Addition ADDRESS ATY-ST-ZIP TITLE ADDRESS ATY-ST-ZIP TITLE ADDRESS ATY-ST-ZIP THE CHANGE ADDRESS ATY-ST-ZIP THE CHANGE ADDRESS A1 CITY-ST-ZIP THE CHANGE ADDRESS A1 CITY-ST-ZIP THE CHANGE ADDRESS A1 CITY-ST-ZIP THE CHANGE ADDRESS A3 STREET ADDRESS A3 STREET ADDRESS A4 CITY-ST-ZIP THE CHANGE A1 TITLE CHANGE ADDRESS A1 TITLE CHANGE ADDRESS A1 TITLE ADDRESS A3 STREET ADDRESS A4 CITY-ST-ZIP A4 TITLE ADDRESS A5 STREET ADDR	CITY-ST-ZIP	MIAMI BEACH FL 33141	T priete		MAMI BOOK PC	23/40
STREET ADDRESS SITY-ST-ZIP STREET ADDRESS SITY-ST-ZIP STREET ADDRESS SITY-ST-ZIP STREET ADDRESS SITY-ST-ZIP STREET ADDRESS STR			LJ DECEIE	i i		L Change Addition
ANAE BELETE ANAE BELETE ANAE ANAE BELETE BELETE BELETE ANAE BELETE BE						
ANAME ANAME A 2 NAME 4 2 NAME 4 2 NAME 4 2 NAME 4 3 STREET ADDRESS ATY-ST-ZIP A 4 CITY-ST-ZIP A 4 CITY-ST-ZIP A 4 CITY-ST-ZIP A 5 STREET ADDRESS A 6 CITY-ST-ZIP A 1 Increby certify that the information supplyed with this filing closes not qualify for the exemption stated in Section 1 19.07(3)(i), Florida Statutes. I further certify that the information indicated on his annual report or supply increal annual report is true and accounte 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 for trustee enjoy were do to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, of an antalachment with an address.						
AME ITREET ADDRESS A STREET ADDRESS A 4 CITY-ST-ZIP ITLE AME ITREET ADDRESS A 4 CITY-ST-ZIP ITLE AME S.2 NAME 5.2 NAME 5.3 STREET ADDRESS S.4 CITY-ST-ZIP ITLE Change Addition DELETE 6.1 TITLE Change Addition AME AME AME AME AME AME AME AM	TITLE		DELETE			Change Addition
A 3 STREET ADDRESS A 4 CITY-ST-ZIP THE DELETE 5.1 TITLE AMME AMME AMME AMME AMME DELETE 5.2 NAMME 5.2 NAMME 5.3 STREET ADDRESS ACITY-ST-ZIP THE Change Addition Addition Addition AMME ADDRESS ACITY-ST-ZIP A. I hereby certify that the information support or supprehental 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 if the receiver or trustee or properties to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of an an attachment with an address.	NAME					
Addition DELETE DELETE S.1 TITLE Change Addition	STREET ADDRESS			4.3 STREET ADDRESS		
TREET ADDRESS AME S.2 NAME 5.3 STREET ADDRESS ATY-ST-ZIP TREET ADDRESS TREE	CITY-ST-ZIP					
TREET ADDRESS ATY-ST-ZIP TREE DELETE 6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRESS ATY-ST-ZIP 1. I bereby certify that the information supported 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 support and an an unique 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 in the receiver or trustee our divered 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 an attachment with an address.	TITLE		DELETE			Change Addition
SA CITY-ST-ZIP SA CITY-ST-ZIP SA CI	NAME			5.2 NAME		
INLE AME INTEGRADORESS INTY-ST-ZIP 4. I hereby certify that the information supplyed with this filing does not qualify for 1th exemption stated in Section 119.07(3)(i), Florida Statutes, i further certify that the information indicated on this annual report or supplying language 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 of the receiver or trustee or provered 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 an attachment with an address.	STREET ADDRESS			5.3 STREET ADDRESS		
AME TREET ADDRESS (ITY-ST-ZIP 4. I hereby certify that the information supplyed 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 supplying lental 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 in the receiver or trustee employered 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 an attachment with an address.	CITY-ST-ZIP		T at the			
TREET ADDRESS ATY-ST-ZIP 4. I hereby certify that the information supplyed 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 supply included 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 of the receiver or trustee erundwered 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 an attachment with an address.	TITLE		☐ DETFLE			Change Addition
4. I hereby certify that the information supplyed 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 supply increasing 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 in the receiver or trustee erundwered 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 an attachment with an address.	NAME ATARET ADARGOS					
4. I hereby certify that the information supplyed 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 supply inental 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 in the receiver or trustee erundwered to elecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address.						
indicated on this annual report or supproviental 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 in the receiver or trustee engagered to effecute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address.	14. I hereby co	ertify that the information supplied wi	th this films does not qualify for	the exemption stated in	n Section 119 07(3Vi) Florida Statutos I furthe	or cortify that the information
	indicated of	on this annual report or supprementa	I annual report is true and accu	orde and that my signat	ure shall have the same legal effect as if made	e under oath; that I am an
	Block 12 o	or Block 13 if changed, 9 on an attac	chment with an address.	recute this report as rec	quired by Chapter 607, Florida Statutes; and the	at my name appears in
CIGNATURE X and / / A Roma / Pulland 4 haby 62300						ムンファ