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

DOCUMENT # P96000044846 (9)

EAST	MALL STATION, INC.	, ,				ANN BRAN INN AINN ÂN IBA
Principal Plac	e of Business	Mailing Address			-	
12907 SW 103RD PL. 12907 SW 103RD PL. MIAMI FL 33176 MIAMI FL 33176				DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualified	
					05/17/1996	
├ ─¬		2a. Mailing Address			4. FEI Number	Applied For
21			Suite, Apt #, etc.		65-0710038	Not Applicable \$8.75 Additional
22 27		<u>├-</u> -¬			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 30		8. This corporation owes or has paid the o	current year Intangible
24 25 29 30 30 9. Name and Address of Current Registered Agent			[30]	·····	Personal Property Tax due June 30. 10. Name and Address of New Registers	
GC	DRMAN, LENARD H		81	Name		
2655 LEJEUNE RD., PENTHOUSE I-D			62	Street Addre	ess (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134						
:			63			
•			84	City		85 Zip Code
I office or r	to the provisions of Sections 607.05 egistered agont, or both, in the Stati m familiar with, and accept the oblic	e of Florida. Such change was :	authorized b	v the comovati	oration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE						
12,	Signature typod or printed name of registered a:	jent and title if applicative (NOT ND DIRECTORS	E. Registered Ag	ent signaturo require	nd when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSTD	DELETE			ADDITIONAJO IANGEO TO OFFICE IO	Change Addition
NAME	FONTECILLA, ISABEL		1.2 NAME			
STREET ADDRESS	12907 SW 103RD AVE		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CHY-ST-ZIP			
TITLE	VP	☐ DELETÉ	2.1 TITLE			Change Addition
NAME STREET ADDRESS	ARROW AND ALM		2.2 NAME 2.3 STREE	r Annueron		l
CITY-ST-ZIP	5 44 4 4 A) P4		2.4 CITY-	·		· ·
TITLE		DFLETE 3.1				Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST - ZIP		Change Addition
TITLE NAME			4.1 TITLE 4. 2 NAME			L3 Change L3 Addition 1
STREET ADDRESS				r address		
CITY-ST-ZIP	1		4.4 CITY-S	i i		}
TITLE			5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				F ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-5 6.1 TITLE	ST-ZIP		Change Addition
NAME		pricit	6.2 NAME]		Change RoullOff

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 of sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted on an attachment with an address.

SIGNATURE:

STREET ADDRESS

outwill

MARLOS FONTECILL

6.3 STREET ADDRESS

5/26/94 (305) 255-4145