## 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

} ·	TERNATION			372U (4	)		
	1		Ma	iling Address			
1540 N.E. 19 SUITE 321	n <b>Stre</b> et		3839	NE 170 St	. Suit	e B	в6
	N. MIAMI BEACH FL 33179 N. Miami, Fl 33						DO NOT WRITE IN THIS SPACE
				- , -			3. Date Incorporated or Qualified
 							06/24/1996
<del>-</del>	lace of Busines	s	}	2a. Mailing Address			4. FEI Number Applied For
21 Suite Ant	Suite, Apt. #, etc.			Suite, Apt. #, etc.			65-0680172   Not Applicable   \$8.75 Additional
22	m, 010.		<b>├</b> ─┐	27			5. Certificate of Status Desired Fee Regulred
City & Stat	e			City & State			6. Election Campaign Financing \$5.00 May Be
23	~		28				Trust Fund Contribution Added to Fees
Zip		Country	L_	Zip	Countr	y	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Curren			29 30			Personal Properly Tax due June 30. Yes No
<del> </del>		·	rent Hegist	ered Agent	81	Name	10. Name and Address of New Registered Agent
	JRALNIK, AFIR			* /	Ľ	INCHIR	WHO
	40 N.E 191 S	> (MC) (		)	82	Street	eet Address (P.O. Box Number is Not Acceptable)
	jite 321 Mi <b>am</b> i Beaci	U EL 22170		!	83		
) 44.	MINIMI DEACH	מונסטווא					
L <sub>C</sub>				, *	84		
11. Pursuant	to the provision	s of Sections 607.0	0502 and 60	7.1508, Florida Statu	ites, the abov	/e-name	ned corporation submits this statement for the purpose of changing its registered
office or t	regi <b>ste</b> red agen Im f <b>am</b> iliar with	t, or both, in the St and accept the ob	ale of Florid	a. Such change was	authorized b	y the co	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE							
	Signature, receipt of	unled fiffile of registered		<del></del>		ent signatui	nature required when reinstating) DATE
12.	- BA	OFFICERS.	AND DIREC	TORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	PD PACIANCI	Z)		[_] DECEIE	1.1 THTLE		nge L_I Addition
STREET ADDRESS	ZASLAVSI		DI VID		1.2 NAME	t address	co
STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009				1.4 CITY-			120
TITLE	MALLAND!	ALE FE 33003		DELETE	2.1 TITLE	51-ZIP	nge Addition
NAME	URA! NI	(, ARKADY		_	2.2 NAME		
STREET ADDRESS		191 STREET SU	JITE 321		2.3 STREE	1 ADDRESS	ESS .
CITY-ST-ZIP		BEACH FL 3317			2. 4 C/TY-	ST-ZIP	
TITLE	<b>\$</b> 0			☐ DELETE	31 TITLE		ge Addition
NAME	DOUBININ				3.2 NAME		
STREET ADDRESS		164 ST #703			3.3 STREE	1 ADDRESS	ESS
CITY-ST-ZIP	MIAMI E	BEACH FL 3316	?		3.4. CITY-	ST-ZIP	
TITLE	Ţ			L DELETE	4.1 TITLE		· · Change Addition
NAME	BENEAM		B1.14B		4. 2 NAME		
STREET ADDRESS		ANTIC SHORES	BLVD			t address	ESS }
CITY-ST-ZIP TITLE	MALLAND/	ALE FL 33099		DELETE	5.1 TITLE	ST - ZIP	Charge Addition
NAME				□ otten	5.1 TIPLE 5.2 NAME		LI CONTROL
STREET ADDRESS						T ADDRESS	<sub>rcc</sub>   '
CITY-ST-ZIP					5.3 STREE 5.4 C(TY-)		
TITLE	<del></del>			DELETE	6.1 TITLE	01-51L	☐ Change ☐ Addition
NAME					6.2 NAME		
STREET ADDRESS					1	T ADDRESS	400002582974 -07/08/9801051024
							###150 00

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.

**FILED** 

Jul 08 1998 8:00am

Secretary of State