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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	1998		Secretary of State DIVISION OF CORPORATIONS			Secretary of State				
1	MENT # P9600 TLE, ROSEN & ASSOCIATE	005525 ES, P.A.	53 (4)				A PROJUGET DIE LOTTE ONLY BRUTT BRUTT	19(d) 41 (d) 1	1121 A1111 (1281 B	11 60 1161 1 46 1
5										
19495 BISC/ SUITE 705 AVENTURA		19495 BIS SUITE 705	Mailing Address 19495 BISCAYNE BLVD. SUITE 705 AVENTURA FL 33180				DO NOT WRIT			
							3. Date Incorporated or Qualified 06/28/1996			
├	Place of Business	-	2a. Mailing Address			4. FEI Number			pplied For	
Suite, Apt.	. #, etc.	26 Suite, A	Suite, Apt. #, etc.			65-0675434			ot Applicable Additional	
22		27				5. Certificate of Status Desired		•	equired	
City & Sta	te	City & S	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	<u>-</u>	Count	try		This corporation owes or has p			
24 25 29 30							Personal Property Tax due June	e 30.	Yes [] No
<u> </u>	9. Name and Address of Curre	int Registered Ag	ent		п	Name	10. Name and Address of New R	egistered	Agent	
GERSTLE, MARK R 19495 BISCAYNE BLVD.										
SUITE 705					2	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
AVENTURA FL 33180					13				· · · · · · · · · · · · · · · · · · ·	
				8	4	City			85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in this Syste of Florida Such change was auth agent. I am familiar with, and accept the beligations of, Section 607.0505, Florida.					Ve-	named corpo	pration submits this statement for the	FL purpose o		ts registered
office or i agent. I a SIGNATURE	registered agent, or both, in thi Syrt am familiar with, and accept the orbit	e of Florida Such gations of, Section	change was au 607.0505, Flori	thorized ida Statut	by t les.	the corporation	on's board of directors. I hereby acce	pt the app	ointment as	registered
		gont and title if applicable	(NOTE:	Registered A	gent	t signature require	d when reinstating)	DATE		
12.	T	ND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE NAME	D Rosen, Robert N				1.1 TITLE 1.2 NAME				L Change	☐ Addition
STREET ADDRESS	19495 BISCAYNE BLVD., ST	E. 705		1.3 STRE		DDRESS				
CITY-ST-ZIP	AVENTURA FL 33180			1.4 C/TY						
TITLE	Ď		DELETE	2.1 TITLE					Change	Addition
NAME	GERSTLE, MARK R	·=-		2.2 NAM	Ε					
STREET ADDRESS	19495 BISCAYNE BLVD., ST	E. 705		2.3 STRE						
CITY-ST-ZIP TITLE	AVENTURA FL 33180		DELETE	2. 4 City 3.1 Title		-ZIP			Change	Addition
NAME				3.2 NAM					C Ottango	
STREET ADDRESS				3.3 STRE		DDRESS				
CITY-ST-ZIP				3.4. CITY	- ST-	-ZIP				
TITLE		[DELETE	4.1 TITLE					Change	Addition
NAME				4. 2 NAM						
STREET ADDRESS				4.3 STRE						
CITY-ST-ZIP TITLE			DELETE	4.4 CITY 5.1 TITLE		ZIP			☐ Change	Addition
NAME		L		5.2 NAME		İ			onlingo	L. Podikon
STREET ADDRESS				5.3 STREE		DDRESS				
CITY-ST-ZIP				5.4 CITY						
TITLE			DELETE	6.1 TITLE					Change	Addition
NAME STREET ANDRESS				6.2 NAME						
22436010 14461				= E 2 CTOC	L I A F	DODECC 1				

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 13 of champain or or an appear in with an address.

6.4 CITY-ST-ZIP

FILED

Mar 30 1998 8:00am