## 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 # P9600058437 (0)

Principal Place of Business Mailing Address

1738 SOUTH MIAMI AVENUE 1738 SOUTH MIAMI AVENUE

FILED Mar 23 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address					28 13112 IPW (84)	
	h Miami Avenue		8 SOUTH MIAMI AVENUE					
MIAMI FL 3	3129	MIAMI FL 33129			DO NOT WRITE IN THIS	SPACE		
					3. Date Incorporated or Qualified	7517102		
					07/10/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-0686556	<del></del>	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	+				Additional	
22		<del>                                     </del>	27		5. Certificate of Status Desired		Required	
City & Stat	n	City & State			6. Election Campaign Financing			
23			28			70.00		
Zip	Country	Zip	Countr	v	8. This corporation owes or has paid the o			
24	25]	29	30	,	Personal Property Tax due June 30.	′	∏ No	
	9. Name and Address of Curr				10. Name and Address of New Registere		<u> </u>	
			81	Name				
	ERLIN, JOSEPH B	404	<u> </u>					
3550 BISCAYNE BLVD., SUITE 401				Street Ad	Idress (P.O. Box Number is Not Acceptable)			
- M	IIAMI FL 33137		83	<del></del>				
			0.5	<u>'</u>				
			84	City		85 Zip	o Code	
			i		FI			
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Sta	itutes, the abov	e-named co	orporation submits this statement for the purpose	of changing	its registered	
agent La	egistered agent, or both, in the Sta m familiar with, and accept the obl	ligations of Section 607.0505,	as autribrized b Florida Statute	y me corpor s.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	Apolitinent a	s registered	
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,	· • · · · · · · · · · · · · · · · · · ·						
SIGNATURE	Signature, typed or printed runne of registered a	ngent and little if applicable (f	NOTE: Registered Ac	ent signature rec	quired when reinstaling) DATE			
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition	
NAME	NAGYMIHALY, CHARLOTT	Έ	1.2 NAME					
STREET ADDRESS	1738 SOUTH MIAMI AVEN		13 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33129	.02	1.4 CITY-					
TITLE	IMPANITE OOTES	DELETE	2.1 TITLE	31-ZIF		Change	Addition	
NAME		July State 12	2.2 NAME	ì		ondingo	, 1.00.1.017	
STREET ADDRESS				T ADDRESS				
CITY - ST - ZIP		DELEVE	2. 4 CITY-	ST-ZIP	<u></u>		T A Alare	
TATLE		☐ DELETE	31 TITLE	<b>,</b>		☐ Change	Addition	
NAME			3.2 NAME	1				
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4 CITY-	ST-ZIP				
TOTLE		DELETE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4 3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	,			
TITLE		DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME	1		-		
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - : 6.1 TITLE	or-zir		Change	Addition	
		בהן טנונינ		ļ		change	Addition	
NAME ]			6.2 NAME					
STREET ADDRESS			6.3 STREE	address				
CITY-ST-ZIP			6.4 CITY -					
44 I harabu a	cetifu that the information numbind	with this filing door not qualify	v for the exemp	tion stated	in Contion 110 07/3/ii) Florida Statutos, Lifuthor	portifu that th	o information	

4. I nereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07 (3)(), Florida Statutes. Truther 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.

SIGNATURE:

last Magnorial

3/11/98

305 8548863