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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED Jan 16 1998 8:00am Secretary of State

DOCUMENT # P96000058957 (7) BENJAMIN S. SCHWARTZ, CHARTERED Principal Place of Business Mailing Address 5400 SW-94TH-TERRACE 5490 SW 94TH TERRACE MIAMI FL 33156 MIAMI-FL-99156 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/11/1996 2. Principal Place of Business 4. FEI Number Applied For 605 Fairway Suite, Apt #, etc. 65-0680223 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible USA 29 Ú 54 24 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agen 10. Name and Address of New Registered Agent 81 Name SCHWARTZ, BENJAMIN S 5480 SW 94TH TERRACE 82 MIAMI FL 23156 83 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE SCHWARTZ, BENJAMIN S 605 Farway Drive Hismi Bosch, FL 3314. NAME 1.2 NAME 5480 SW 94TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33156 -1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST- 2IP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CiTY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5,2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 14. Thereby certify that the Information supplied with this filing does not que indicated on this annual report or supplement annual report is true as officer or director of the corporation of the received trusted amplifier Block 12 or Block 13 if changed of the analysis ment with an adverse. e exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information te and that my signature shall have the same legal effect as if made under oath; that I am an page this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE

12-31-97