"SECONO NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT , CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000067341 (3) DOCUMENT #

TONY COMELLAS P.A.

APPROVED AND

1997 AUS 1 1 PM 2: 53

SECRETARY OF STATE TALLARASSEE, FLORIDA



Timopai riace of bosiness					Maning Mariess																
9506 S. RED ROAD MIAMI FL 33156					9506 S. RED ROAD MIAMI FL 33158																
														D	O NOT	WRITE	IN THIS S	SPACE			
											3.		Incorp 13/19		or Qua	lified	3a. Da	te of L	ast Re	port	
2. Principal Pi	lace of Busin		Т	2a. M	lailing Addre	ass				4.	FELN	lumber				<u> </u>		TApr	lied For	-	
21				Ţ	26							· (.5	. 0	2	40	<u>5~</u>	' <u> </u>		Applicat	ole
Sulte, Apt.	#, etc.				Suite, Apt. #, etc.													\$8.	${ o}-$	dditional	\exists
22					27						5.	Certii	icate c	of State	us Desire	ed			e Rec		
City & State					City & State						6.	Electi	ion Car	mpaig	n Finanç	eing		\$5	.00	vlay Be	
23					28							Trust	rust Fund Contribution							Fees	
Zip	Country				Zip Coun				/		8.	B. This corporation owes or has paid the current year							ecible	1	
24	25				29 30						Personal Property Tax due June 30. Yes 100										\dashv
000			ddress of	Current He	egister	ed Agent		-	T No.		10.	Nam	e and	Addre	88 OI N	ew Reg	elsterea /	Agent		<u> </u>	
	MELLAS, TO		_					81	Na	me											
	6 \$0. RED		ע				82	Street Address (P.O. Box Number is Not Acceptable)											\neg		
MIM	MI FL 3315	Ю						83	├—												
									l _												
								84	Cit	ly							FL	85	Zip C	ode	
44 Burguent	the provide	200.0	Castions 6	07 DE02 or	~4 607	1EOO Floric	20 Statutos	the above	2 221	~od oor	coratio	a subi	mite thi	n ntate	emont fo	r the n		chano	ino ite	rogieter	
11. Pursuant I office or re agent. I as	to the provisi egi <mark>ste</mark> red ag	ons oi ent, oi	Sections of both, in the	ປ7.050∠ ai State of F	lorida	Such chang	ge was auti	the above horized b	८-गळा y the	corporat	tion's b	on subi	of direc	ctors.	hereby	ассер	t the app	ointme	nt as r	egistered	3
agent. I ai	m familiar wit	th, and	d accept the	obligation	ns of, S	ection 607.0	0505, Horic	la Statute:	\$.												- 1
SIGNATURE	Signature, typed	or punts	d name of regio	dered spoul at	بو از وادا ا		/NOTE B	tegistered Age	ont sig	natura requir	rod when	^ reinstat	ina\				DATE				-
12.	Signature, sylve-	or prints		RS AND D			(NOIL	13 .	JIII STY	· latore roqui				CHAN	GES TO	OFFIC	ERS AND	DIREC	CTORS	S IN 12	
TITLE	D			101		DEI	LETE	1.1 TITLE				,				<u> </u>		Chi		Addit	ion
NAME	COMELL							1.2 NAME													ı
STREET ADDRESS	9506 SO							1.3 STREET	i addr	IESS											-
CITY-ST-ZIP	MIAMI FI	L 331	56					1.4 CITY- S													
TITLE						DEL	LETE	2.1 TITLE										Chi	ange	Addit	
NAME								2.2 NAME					O	00	IO O	122	70	71	D-	፲	1
STREET ADDRESS								2.3 STREET	r addr	IESS					-08,	/13/:	70 970	1011	[[116	
CITY-ST-ZIP								2. 4 CITY-	S1-ZIP	,					米米米	**16	5.00	米米米	* *1€	35.00	
TITLE						DEL	LETE	3.1 TITLE										Ch	ange	Addit	ion
NAME								3.2 NAME													
STREET ADDRESS								3.3 STREET	i addr	RESS											
CITY-ST-ZIP								3.4. CITY-	ST-21P	,											
TITLE						☐ DEI	LFTE	4.1 TITLE										Chi	ange	Addit	ion
NAME								4. 2 NAME													
STREET ADDRESS								4.3 STREET	f addr	ESS											
CITY-ST-ZIP								4.4 CITY - S	ST-ZIP												
TITLE						☐ DEI	LETE	5.1 TITLE										Ch	ange	Addit	ion
NAME								5.2 NAME													
STREET ADDRESS								5.3 STREET	i addr	RESS											
CITY-ST-ZIP								5.4 C(TY-5	ST - Z(P							-					
TITLE						☐ DEI	LETE	6.1 TITLE										Ch	ange	Addit	ion
NAME								6.2 NAME													
STREET ADDRESS								6.3 STREET	T ADDR	RESS				_							
CITY-ST-ZIP								6.4 C/TY-5	ST - 71P		566	8.	-11-	97							

14. I do 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 trustee ampowered to execute this report as required by Chapter 607, Florida Statutes, and that my lame appears in Block 12 or Block 13 if changed or on an attachment with an address.

August 5th, 1997

Florida Dept.of State PO BOX 6327 Tallahassee, FL 32314

To whom it may concern:

On January 9th, 1997 I received from my C.P.A a letter requesting that I forward you a check of \$165.00 and the proper documentation signed, covering my annual report fee.

Everything was mailed to you according to the instructions, along with my check number 289 dated January 11th 1997.

I have received notice from you that the filing fee was not paid. When I reviewed my records I notice that the check # 289 had not been cashed. I called your 904 488 9000 number and held until I got passed the voicemail. The lady instructed me to send the \$165.00 along with this letter of explanation and the form filled out to this PO BOX. I have put a stop payment on the my check to you number 289.

I assume this resolves the matter and puts my corporation filling up to date.

Sincerely

Tony Comellar