## SECOND 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** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Morthsm

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000070514 (0)

## **FILED** Sep 08 1997 8:00am Secretary of State

Principal Place of Business  Mailing Address  4100 N. MIAMI BEACH MIAMI FL 33127  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  3a. Date of Last Report  08/23/1996  2. Principal Place of Business 3. Date Incorporated or Qualified  3a. Date of Last Report  08/23/1996  4. FEI Number  65-0700454  Not Applied For  Not Applied For  Suite, Apt. #, etc.  Suite, Apt. #, etc.	f. Corporation	ni ranie	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Į.
MAMA FL 33127   MAMA FL 33127   DO NOT WRITE IN THIS SPACE   3. Date Incorporated or Qualified   34. Date of Lest Report 08/23/1998   3/100 NE 4/8 SMz (#570 728   3/100 NE 4/8 SMz (#570 728 ) SMz (*570 728 ) SMz (*570 728   3/100 NE 4/8 SMz (*570 728 ) SMz (*570 728	Principal Plac	e of Business	Mailing Address			80	ı
3. Dists incorporated or Qualified 38. Date of Last Report 38/3/1906 22. Principal Place of Business 23. No. N.E. 48 M. (#570) 26. 33 CO. N.E. 48 M.L.  26. Applied for 27. Suite, April 4. Suite 28. Applied for 28. Suite, April 4. Suite 29. A			4100 N. MIAMI BEACH		DO NOT HIDIT	C IN THIS ODAGE	
2. Principal Pileas of Business 3 3 OV NE 98 Mules 3 100 NE 98 Mg (#510) 85 3 100 NE 98 Mg (#510					3. Date Incorporated or Qualified		
APT # 510 27 APT # 510 57 APT # 510 57 APT # 510 5. Certificate of Statute Centred	21 3/	00 NE 48 Str (#510	26 3/00 NE	18 Sheet	4. FEI Number	// <del> </del>	
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FLINGS, INC.  FILINGS, INC.  10. Name and Address of New Registered Agent  FLINGS, INC.  3732 N.W. 16TH STREET  FT. LAUDERDALE FL 33311-4132  82 Siveral Address (P.O. Box Numbers is Not Acceptable)  83 Siveral Address (P.O. Box Numbers is Not Acceptable)  84 City W I' M MI MIN MIN MIN MIN MIN MIN MIN MIN MI	23 Ft	LAUDERDALE, TL	28 Ft LAUNEA	Country	Trust Fund Contribution	Added to Fees	6
### City ### City ### City ### Comparisons of Sections 607 0502 and 607 1508. Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. or bin the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or bin the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with packagent it on femiliar with packagent in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with packagent in the State of Florids, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with packagent in the State of Florids, Statutes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with packagent in the State of Florids, Statutes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with packagent in the State of Florids, Statutes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with packagent in the state of Florids, Statutes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with packagent in the state of Florids, Statutes was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am femiliar with packagent in the state of Florids, State and the state of Florids. I hereby accept the appointment as registered agent. I am femiliar with packagent in the state of Florids. I hereby accept the appointment as registered agent. I am femiliar with packagent in the state of Florids. I have a	24 5)			JUSA	Personal Property Tax due Juni	e 30. 🔲 Yes 🔣 No	
3732 N.W. 18TH STREET FT. LAUDERDALE FL 33311-4132  82 Street Address (P.O. Box Number is Not Acceptable) 83	FILIN	IGS, INC.		81 Name	Gus L.P. GOVAF	7 5	
1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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 and manifer with and second tool obligations of Section 607.0505, Florida Statutos.    SIGNATURE	3732	N.W. 16TH STREET		1 2	Address (P.O. Box Number is Not Accepta	ble)	
SIGNATURE				84 City M	ni Ami	FL 85 Zip Code 33 12	,
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   12. NAME   12. NAME   12. NAME   14. CITY-ST-2IP   14. CI	11. Pursuant office or r agent. I a	to the provisions of Sections 607,0502 registered agent, or both, in the State of the familiar with, and accept the obligat	and 607.1508, Florida Statutes, If Florida, Such change was autions of, Section 607.0505, Florid	the above-named horized by the corp la Statutes.	corporation submits this statement for the poration's board of directors. I hereby acceptation's	purpose of changing its regis opt the appointment as registe	slered ered
TILL NAME BEAUFFORT, FREDERIC D STREET ADDRESS AND DIRECTORS N 12 DELETE 1 TITLE BEAUFFORT, FREDERIC D STREET ADDRESS AT 100 N. MIAMI BEACH 1.3 STREET ADDRESS AT 100 N. MIAMI FL 33127	SIGNATURE		45-			2 AUGUST 9/	- <del></del>
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CITY-ST-ZIP 64 CITY-ST-ZIP	17.			6.3 STREET ADDRESS			
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		and the state of the later of the state of t	the table of the angle of the control of the		And in Order 440 OT/OV/S Figure C. 1	- 16 ab	

Information indicated on this annual report or supplied with this filing does not quality for the exemption stated in Section 119.0/13/10, Florida Statules, 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 all attachment with an address.

GNATURE:

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3. AUGUST 1997