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

FILED Mar 30 1998 8:00am Secretary of State

1. Corporation		# P9600	007	(2476 (0))						
Principal Place	o of Busines	0	N.4 :	Mailing Address						FOR WHAT IN DE	
Principal Place of Business				•							
1111 LINCOLN ROAD #500 MIAMI BEACH FL 33139				1601 BELVEDERE RD 407 SOUTH							
MIAMI DENOTI PE 33109				WEST PALM BEACH FL 33406				DO NOT WRITE IN THIS SPACE			
				18			3	. Date Incorporated or Qualified			
								08/29/1996			
2. Principal Place of Business				2a. Mailing Address				. FEI Number	Ap	plied For	
21				26				65-0696953	No	t Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				. Certificate of Status Desired	\$8.75	Additional	
22				27			6	. Certificate of Status Desired	Fee Re	equired	
City & State				City & State				. Election Campaign Financing	\$5.00	May Be	
23				28				Trust Fund Contribution	Added		
Zip	Zip Country			Zip Cou			8.	. This corporation owes or has paid the c		angible	
24	25		29	29 30				Personal Property Tax due June 30. 🔀 Yes 🔲 No			
	9. Name	and Address of Currer	nt Regist	ered Agent			10	, Name and Address of New Registere	d Agent]	
ST	even teni	DRICH			81	Name	ı			1	
1601 BELVEDERE RD SUITE 407					82	82 Street Address (P.O. Box Number is Not Acceptable)					
WEST PALM BEACH FL 33406				or Shael vo			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Jaress (P.O. Box Number is Not Acceptable)			
					83			· · · · · · · · · · · · · · · · · · ·			
					0.4	0:4			A= 1 7:= (
						84 City FL 85 Zip Code					
11. Pursuant to office or reagent. La	l	ions of Sections 607.050)2 and 60	7,1508, Florida Statu	tes, the abov	e-named	orporation	on submits this sti board of director:			
SIGNATURE							_				
	<u> </u>	OFFICERS AN	ID DIBEC	TOPS	1 40		_	ADDITIONS/CHANGES TO OFFICERS AF	ID DIDECTOR	IS IN 12	
12.	D	OIT IOENS AN	DINEC	DELETE	13.		40		Change	Addition	
	TENDRI	CH SAM A		☐ pereve	1.2 NAME		1.1 4	ENDRICH, SAM A. OI PONCE DE LEON :	•		
NAME TENDRICH, SAM A STREET ADDRESS C/O 6701 SUNSET DRIVE #1			1400	•			90411	OI PONCE DE LEON :	SUITE 3	10	
LIIALII FI			- 100					AL GARLES, FL. 3314	()	ì	
CITY-ST-ZIP	8	<u> </u>		DELETE	1.4 CITY - 1 2.1 TITLE	ST - ZIP	5	Mr G-1140, 1 V. 0914	Change	Addition	
TITLE	-	D ADI VAIE D					اهمدا	VALED ADIVALE 10	Change		
NAME	WAYNER, ARLYNE R					2.2 NAME 0/.		AL MANCE DELEGON	SUITE 3	10	
STREET ADDRESS C/O 6701 SUNSET DRIVE #10						ADDRESS	0 76	YNER, ARLYNE R 101 PONCK NALBON : 1RAL QABLES, FL. 871	41		
CITY-ST-ZIP MIAMI FL								RAL WANTES, FR. OUT			
TITLE				☐ DELETÉ	3.1 TITLE				L Change	☐ Addition	
NAME					3.2 NAME						
STREET ADDRESS					3.3 STREE	ADDRESS					
CITY-ST-ZIP					3.4. CITY -	ST-ZIP		·.			
TITLE				☐ DELET E	4.1 TITLE				Change	Addition	
NAME					4. 2 NAME						
STREET ADDRESS					4.3 STREE	ADDRESS					
CITY-ST-ZIP					4.4 CITY -	ST-ZIP	1				
TITLE				☐ DELETE	5.1 TITLE				☐ Change	Addition	
NAME				•	5.2 NAME				-		
							1				
					5.3 STORE	2239OOA	1			I	
STREET ADDRESS						FADDRESS					
STREET ADDRESS CITY-ST-ZIP	· ·····			NFI ETE	5.4 CITY -				Channe	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE				□ DELET E	5.4 CITY - 1 6.1 TITLE				Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME				DELETE	5.4 CITY - 6.1 TITLE 6.2 NAME	ST-ZIP			Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE				□ DELETE	5.4 CITY - 6.1 TITLE 6.2 NAME	ST-ZIP T ADDRESS			Change	Addition	

Thereby certify that the information supplied with this ming does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. 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 an attachment with an address.