

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.)

1

1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000082062 (6)

1. Corporation Name  
90-41ST. INC.

Principal Place of Business

151 NE 40TH STREET  
MIAMI FL 33137

Mailing Address

151 NE 40TH STREET  
MIAMI FL 33137

FILED

97 NOV 21 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                            |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 3. Date Incorporated or Qualified<br>10/03/1996                                                                                                                            | 3a. Date of Last Report           |
| 4. FEI Number<br>65-0755515                                                                                                                                                | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                  | \$8.75 Additional<br>Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                                         | \$5.00 May Be<br>Added to Fees    |
| 8. This corporation owes or has paid the current year Intangible<br>Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                   |

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

NEWMAN, A  
151 NE 40TH STREET  
MIAMI FL 33137

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 *A Newman*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11/10/97

12. OFFICERS AND DIRECTORS

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | PD                 | <input type="checkbox"/> DELETE |
| NAME           | ROTHMAN, L         |                                 |
| STREET ADDRESS | 151 NE 40TH STREET |                                 |
| CITY-ST-ZIP    | MIAMI FL 33137     |                                 |
| TITLE          | STD                | <input type="checkbox"/> DELETE |
| NAME           | NEWMAN, A          |                                 |
| STREET ADDRESS | 151 NE 40TH STREET |                                 |
| CITY-ST-ZIP    | MIAMI FL 33137     |                                 |
| TITLE          |                    | <input type="checkbox"/> DELETE |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> DELETE |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |
| TITLE          |                    | <input type="checkbox"/> DELETE |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          |                                                                   |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-ST-ZIP    |                                                                   |

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-11/25/97--01079--008  
\*\*\*\*165.00 \*\*\*\*165.00

*JB*  
*11-24-97*

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 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 to this address.

10/15/97

CR2E034 (4/97)

# ROTHMAN ASSOCIATES <sup>2</sup>

151 N.E. 40 STREET, MIAMI, FL 33137 • 305-573-8300 FAX 305-573-8321

11/4/97

Fla. Dept of State  
Comp. Div.

Subject - 90-41st Frc  
re. # P96000082062

Gentlemen:-

Ref. the above & copies of letters from your office, please be advised:

- 1) I am the registered agent & manager of the above company.
  - 2) I have never (to the best of my knowledge) received any notices for the filing of any annual returns - other than this reinstatement.
  - 3) I have checked with our bookkeeper & the President & no one has any record of receiving any notice of filing annual return.
  - 4) The Corporate File has nothing.
- Please accept this letter & check.

V.T.G.

G. Newman