## 05171999-90011-030-\$150.00-\$150.00

PROFIL CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Hassis 🔒 🤝

Secretary of State

DIVISION OF CORPORATIONS

1999 DOCUMENT # P9600000 85724 VOK

## FILED May 17, 1999 8:00 am Secretary of State 05-17-1999 90011 030 \*\*\*150.00

MOT FORES, INC.		
Principal Place of Business Mailing Address	MATOT	
Frincipal Place of Business  5940 NN 201 STREET  5940 NN 2	OFSTREET	
HIALEAH PL. 33015 HIALEAH, PL	, 330 U	DO NOT WRITE IN THIS SPACE
Hilliam		3. Date Incorporated or Qualified
		10/16/1996
2. Principal Place of Business 2a. Mailing Address		4. FEI Number / Applied For
21 26		65-0707 504 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional
22 27		Fee Required
City & State City & State		6. Election Campaign Financing \$5.00 May Be
23 28 75	Country	Trust Fund Contribution Added to Fees
Zip Country Zip	Country	8. This corporation owes the current year Intangible
24 25 29 9. Name and Address of Current Registered Agent	30	Personal Property Tax. Yes INO  10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED	81 Name	TWO INSTITUTE OF THE PARTY OF T
343 ALMERIA AVENUE	82 Street Add	dress (P.O. Box Number is Not Acceptable)
393 HAMMAN 11=110	83	
CORAL SABLES FL. 33134		
	84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Sta	atutes, the above-named corp	poration submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change we agent. I am familiar with, and accept the obligations of, Section 607.0505,	as authorized by the corporati	ion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Tierida Salaiss.	
Signature, typed or printed name of registered agent and little if applicable (N	OTE: Registered Agent signature require	ed when reinstating) DATE
12. OFFICERS AND DIRECTORS	<b>I</b> 13.	
Doubte Topics	_ •	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PSTD FAC ALLIN	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PSTD DELETE  NAME BCRIVEN: ALVIN  2015T	1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME BORIVEN, ALVIN	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME BELIVEN: ALVIN STREET ADDRESS SO HO NW 201 ST CITY-ST-ZP HI ALEAH FL. 33015	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
NAME BELIVEN: ALVIN STREET ADDRESS 59 HO NW 201 ST CITY-ST-ZO HI ALEAH FL. 330LS TITLE CLIVEN MICHAEL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition
NAME BELIVEN: ALVIN STREET ADDRESS 5940 NW 2015T CITY-ST-ZP HIALEAH FL. 33015 TITLE NAME SCLIVEN MICHAEL FOLIO AND 2015T	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition
NAME BCLIVEN: ALVIN STREET ADDRESS 59 HO NW 201 ST CITY-ST-ZOP HI ALEAH FL. 330LS TITLE NAME STREET ADDRESS 59 HO NW 201 ST.  STREET ADDRESS 59 HO NW 201 ST.	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition
NAME BCLIVEN; ALVIN STREET ADDRESS 59 HO NN 201 ST CITY-ST-ZIP HIALEAN FL. 33015 TITLE STREET ADDRESS 59 HO NN 201 ST. STREET ADDRESS 59 HO NN 201 ST. CITY-ST-ZIP HIALEAN FL. 33015	1.1 TITLE 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	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Change Addition
NAME BCLIVEN; ALVIN STREET ADDRESS 59 HO NN 201 ST CITY-ST-ZIP HIALEAN FL. 330 LS TITLE STREET ADDRESS 59 HO NN 201 ST. STREET ADDRESS 59 HO NN 201 ST. CITY-ST-ZIP HIALEAN FL. 330 LS	1.1 TITLE 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	Colange
NAME BCLIVEN, ALVIN STREET ADDRESS 59 HO NN 201 ST  CITY-ST-ZP HIALEAN FL. 330LS  TITLE NAME STREET ADDRESS 59 HO NN 201 ST.  CITY-ST-ZIP HIALEAN FL. 330LS  TITLE NAME SCRIVEN TERENCE  STREET ADDRESS 59 HO NN 201-ST.	1.1 TITLE 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	Colange
NAME BCLIVEN, ALVIN STREET ADDRESS 59 HO NN 201 ST  CITY-ST-ZP HIALEAN FL. 330LS  TITLE NAME STREET ADDRESS 59 HO NN 201 ST.  CITY-ST-ZIP HIALEAN FL. 330LS  TITLE NAME SCRIVEN TERENCE  STREET ADDRESS 59 HO NN 201-ST.	1.1 TITLE 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 3.2 NAME	Colange
NAME  STREET ADDRESS  59 HO NW 201 ST  CITY-ST-ZIP  HIALEAN FL. 330LS  TITLE  STREET ADDRESS  59 HO NW 201 ST.  CITY-ST-ZIP  HIALEAN FL. 330LS  TITLE  SCRUEN MICHAEL  TRINGS  DELETE  OBLETE  NAME  STREET ADDRESS  59 HO NW 201 ST.  CITY-ST-ZIP  HIALEAN FL. 330LS  TITLE  SCRUEN TERINGS  STREET ADDRESS  59 HO NW 201 ST.	1.1 TITLE 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 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.1 CITY-ST-ZIP	Colange
NAME  STREET ADDRESS  59 HO NW 201 ST  CITY-ST-ZP  HIALEAH FL. 330LS  TITLE  STREET ADDRESS  59 HO NW 201 ST  CITY-ST-ZP  HIALEAH FL. 330LS  TITLE  SCRIVEN TERINGE  NAME  STREET ADDRESS  59 HO NW 201 ST.  CITY-ST-ZP  HIALEAH FL. 330LS	1.1 TITLE 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 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	☐ Change ☐ Addition
NAME  STREET ADDRESS  59 HO NN 201 ST  CITY-ST-ZP  HIALEAN FL. 330 LS  TITLE  STREET ADDRESS  59 HO NN 201 ST.  CITY-ST-ZP  HIALEAN FL. 330 LS  DELETE	1.1 TITLE 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 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Addition
NAME  STREET ADDRESS  GITY-ST-ZP  TITLE  NAME  STREET ADDRESS  GITY-ST-ZP	1.1 TITLE 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 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change Addition
NAME  STREET ADDRESS  59 HO NN 201 ST  CITY-ST-ZIP  HIALEAN FL. 330LS  TITLE  STREET ADDRESS  59 HO NN 201 ST.  CITY-ST-ZIP  HIALEAN FL. 330LS  TITLE  SCRUEN TERENCE  NAME  STREET ADDRESS  59 HO NN 201 ST.  CITY-ST-ZIP  HIALEAN FL. 330LS  DELETE  DELETE  DELETE  DELETE  DELETE  AME  STREET ADDRESS	1.1 TITLE 1.2 NAME 1.3 SIREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	☐ Change ☐ Addition
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NAME STREET ADDRESS SPHONN 201 ST  CITY-ST-ZP  TITLE  NAME STREET ADDRESS SPHONN 201 ST.  CITY-ST-ZIP  TITLE  NAME STREET ADDRESS SPHONN 201 ST.  CITY-ST-ZIP  TITLE  NAME STREET ADDRESS SPHONN 201 ST.  CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  THE DELETE  DELETE  DELETE  DELETE	1.1 TITLE 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 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	Change Addition
NAME  STREET ADDRESS  GIY-ST-ZP  GIY-ST-ZP  HALFAH FL. 330LS  TITLE  NAME  STREET ADDRESS  GIY-ST-ZP	1.1 TITLE 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 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change Addition  Change Addition  Change Addition
NAME  STREET ADDRESS  GIVEN, ALVIN  STREET ADDRESS  GIVEN, MICHAEL  NAME  STREET ADDRESS  GIVEN, MICHAEL  STREET ADDRESS  GIVEN, MICHAEL  STREET ADDRESS  GIVEN, ST. ZIP  TITLE  NAME  STREET ADDRESS  GIVEN, ST. ZIP  TITLE  NAME  STREET ADDRESS  GIV-ST. ZIP  TITLE  DELETE	1.1 TITLE 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 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME  STREET ADDRESS  GIY-ST-ZP  TITLE  NAME  DELETE  DELETE  DELETE  NAME	1.1 TITLE 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 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	Change Addition  Change Addition  Change Addition
NAME  STREET ADDRESS  GITY-ST-ZP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	1.1 TITLE 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 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	Change Addition  Change Addition  Change Addition
NAME  STREET ADDRESS  SO HO NW 201 ST  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  STATE THALEAH FL. 330 LS  TITLE  NAME  STREET ADDRESS  STATE THALEAH FL. 330 LS  TITLE  NAME  STREET ADDRESS  STATE THALEAH FL. 330 LS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  DELETE  DELETE  DELETE  DELETE  NAME	1.1 TITLE 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 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.5 TITLE 6.7 NAME 6.8 STREET ADDRESS 6.9 CITY-ST-ZIP 6.9 STREET ADDRESS 6.9 CITY-ST-ZIP	Change Addition  Change Addition  Change Addition  Change Addition

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 chapaged, or on an attachment with an address, with all other like empowered.