

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000089525 (5)**

1. Corporation Name

**CHERRY BLOSSOM ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

**3500 MYSTIC POINTE DRIVE  
SUITE 1501  
AVENTURA FL 33180**

**3500 MYSTIC POINTE DRIVE  
SUITE 1501  
AVENTURA FL 33180**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/30/1996**

4. FEI Number

**65-0709581**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business  
21 **245 SE 1st Street**

2a. Mailing Address  
26 **123 SE 3rd Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **419**

27 **166**

City & State

City & State

23 **MIAMI - FL**

28 **MIAMI - FL**

Zip Country

Zip Country

24 **33131**

25 **USA**

29 **33131**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIKORSKI, ALEX  
3500 MYSTIC POINTE DRIVE  
SUITE 1501  
AVENTURA FL 33180**

81 Name

**SIKORSKI, ALEX**

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

**2000 Island Blvd**

83

**SUITE 1704**

84 City

**WILLIAMS ISLAND**

FL 85 Zip Code

**33160**

11. Pursuant to the provisions of Sections 607.0507 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

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

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **SIKORSKI, ALEX**  
CITY-ST-ZIP **3500 MYSTIC POINTE DR, STE 1501  
AVENTURA FL 33180**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **D**  
1.3 STREET ADDRESS **SIKORSKI, ALEX**  
1.4 CITY-ST-ZIP **2000 Island Blvd, Ste 1704  
Williams Island FL 33160**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 with an address.

SIGNATURE:

**ALEX SIKORSKI**

**MAR/20/98 (305)379-6832**

CR2E034 (10/97)