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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 27 1998 8:00am Secretary of State

CAROLCH/	NO.	70037 1	25 (4)							
Principal Place of E	Business	Mailing A	ddress			F HODINOUS AND TOLISO BIRKA DOSIL OD	IFT WARRI DWHA A	HAY KOODA HERD K		
2000 NW 99TH AVE. 2000 NW 99TH AVE.						}				
PEMBROKE PINES			OKE PINES FL 3	3024						
						DO NOT W		SPACE		_
						 Date Incorporated or Qualifit 11/25/1996 	ea			ĺ
2. Principal Piace	of Business	2a Mailir	g Address			4. FEI Number			onlind For	4
21		26	ig Addiess			65-0713612		<u> </u>	pplied For lot Applicable	
Sulte, Apt. #, etc			Apt. #, etc.						Additional	Ή
22		27	,			Certificate of Status Desired		,	tequired	
City & State		City 8	State			6. Election Campaign Financin	8	\$5.00) May Be	7
23		28				Trust Fund Contribution			to Fees	1
Zip	Country	Zip		Cour	try	B. This corporation owes or ha				
24	25	29		30		Personal Property Tax due			No	4
	Name and Address of Curre	aut Hegistered /	agent .		Name	10. Name and Address of New	Hegisteret	Agent		4
	TOTARAM W 99TH AVE.			L	G	OPAL, TOTAKAM				╛
	OKE PINES FL 33024			[1	Street Ac	ddress (P.O. Box Number is Not Acce	ptable)			1
FEMON	ONE FINES FE 33024			h	33	TOW 977 AN MYBRULE				-
				L						1
				[1	City Date	MBROKE PINES	FI		Code	-
11. Pursuant to the	provisions of Sections 607.05	02 and 607.150	8, Florida Statut	tes, the ab	ove-named or	propration submits this statement for t	ne purpose	of changing	its registered	1
office or registe	ered agent, or both, in the State	te of Florida, Suc	th change was	authorized	by the corpo	ration's board of directors. I hereby a	ccept the ap	pointment as	s registered	Ì
,	mai win, and accept the obi	ganons or, coch	011 007 .00004 17							
					1001					ı
SIGNATURE Signate	ure, typed or printed name of registered a	gent and title if applica	rble (NO)			quired when reinstating)	DATE			
Signate	OFFICERS A	gent and title if applica		TE: Regislered	Agent signature re		DATE	ID DIRECTO	RS IN 12	- kg
Signate 12. TITLE P	OFFICERS A		DELETE	TE: Registered	Agent signature re	quired when reinstating)	DATE			
Signate 12. TITLE P NAME G	OFFICERS A D OPAL, TOTARAM			13. 1.1 TITU	Agent signature re E	quired when reinstating)	DATE	ID DIRECTO	RS IN 12	
12. TITLE P NAME G STREET ADDRESS 2	OFFICERS A D GOPAL, TOTARAM 000 NW 99TH AVE.	ND DIRECTORS		13. 1.1 TITU 1.2 NAM 1.3 STR	Agent signature re E ME EET ADDRESS	quired when reinstating)	DATE	ID DIRECTO	RS IN 12	
12. TITLE P NAME G STREET ADDRESS 2 CITY-ST-ZIP P	OFFICERS A D GOPAL, TOTARAM 000 NW 99TH AVE. EMBROKE PINES FL 3302	ND DIRECTORS	DELETÉ	13. 1.1 TITL 1.2 NAN 1.3 STR	Agent signature re E ME EET ADDRESS '-ST-ZIP	quired when reinstating)	DATE	ID DIRECTO	RS IN 12	DOE024 (40)
12. TITLE PAME STREET ADDRESS CITY-ST-ZIP TITLE SSUMME	OFFICERS A D BOPAL, TOTARAM 000 NW 99TH AVE. EMBROKE PINES FL 3302 TD	ND DIRECTORS		13. 1.1 TITL 1.2 NAN 1.3 STR 1.4 CITY 2.1 TITL	Agent signature in E ME EET ADDRESS '-ST-ZIP E	quired when reinstating)	DATE	ID DIRECTO	RS IN 12	DOE024 (40)
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Indicated on this annual report or supplied with rins ming does not quality for the exampliant stated in Section 119.07(3)(f), Fibrida statutes. Figure exit the indicated on this annual report or suppliemental 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 chapted, or on an attachment with an address.