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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

## 1998 P96000103662 (8) DOCUMENT #

| DEE-NO                                   | or investment trust in  | IC.                 |  |                                |           |                                  |  |                      |                        |
|--|---|---------------------|--|--------------------------------|-----------|----------------------------------|--|----------------------|------------------------|
| Principal Plac                           | e of Business   | Ma                  | iling Address                                |                                | —         |                                  | - 1 seastaut tuu tatta autit eulit autit autit autit autit itatt                                 | lacas stein beite Ar | ff& 1080 f <b>88</b> 0 |
| 1450 MADRUGA AVE 1450 MADRUGA AVE        |   |                     |  |                                |           |                                  |  |                      |                        |
| SUITE 305 SUITE 305                      |   |                     |  |                                |           |                                  | ì  |                      |                        |
| CORAL GABLES FL 33146 CORAL GABLES FL 33 |   |                     | 16   |                                |           | DO NOT WRITE IN THE              | S SPACE  |                      |                        |
| ļ  |   |                     |  |                                |           |                                  | 3. Date Incorporated or Qualified  |                      |                        |
|  |   |                     |  |                                |           |                                  | 01/01/1997   |                      | ļ                      |
| 2. Principal P                           | lace of Business  | 20.                 | Mailing Address                              |                                | _         |                                  | 4. FEI Number  | ) Ar                 | oplied For             |
| 21                                       |   | 26                  |  |                                |           |                                  | 65-0136469   | , No                 | ot Applicable          |
| Suite, Apt.                              | #, etc.   | Suite, Apt. #, etc. |  |                                |           | 5. Certificate of Status Desired | \$8.75   | Additional           |                        |
| 22                                       |   |                     | 27   |                                |           |                                  | <b>5.</b> Certificate of Status Desired  | Fee Re               | berlupe                |
| City & State                             |   |                     | City & State                                 |                                |           |                                  | 6. Election Campaign Financing   | \$5.00               | May Be                 |
| 23                                       |   | 28                  |  |                                | _         |                                  | Trust Fund Contribution  | Added                |                        |
| Zip                                      | Country   |                     | Zip  | Count                          | У         |                                  | 8. This corporation owes or has paid the o   |                      |                        |
| 24                                       | [25]  | 29                  |  | 30                             |           |                                  | Personal Property Tax due June 30.   |                      | ] No                   |
| [  | g. Name and Address of Curren   | nt Regis            | tered Agent                                  |                                |           |                                  | 10. Name and Address of New Registers  | d Agent              |                        |
| į DE                                     | NNIS R. HABER, P.A.   |                     |  | 8.                             | 4         | Name                             |  |                      |                        |
| 14                                       | 50 MADRUGA AVE  |                     |  | 8:                             | ;+        | Street Addre                     | ess (P.O. Box Number is Not Acceptable)  | ····                 |                        |
| Su                                       | IITE 305  |                     |  | 0                              | 1         | Street Addre                     | (1.0. dox Northal is Not Acceptable)   |                      | -                      |
|  | ORAL GABLES FL 33146  |                     |  | 6:                             | ì         |                                  |  |                      |                        |
| }  |   |                     |  | <u>_</u>                       | 1         |                                  |  |                      |                        |
| }  |   |                     |  | 8-                             | ٩         | City                             | , F  | 85 Zip               | Code                   |
| 11. Pursuant                             | to the provisions of Sections 607 050   | 12 <b>468</b> 6     | 07.1508. Florida Statu                       | tes, the abo                   | ve-       | -named corpc                     |  |                      | ts registered          |
| }  | registered agent, or both, in the State<br>im familiar with, and accopt the oblig | nions o             | da Such change was<br>I, Section 607,0505, F | authorized t<br>lorida Statuti | 99<br>98. | the corporation                  | oration submits this statement for the purpose<br>on's board of directors. I hereby accept the a | ppointment as        | registered             |
| SIGNATURE                                | Signature typed or portfol name of rege tiped ag                                  | erat kind tale      | diapprinable (NO                             | Tt · Registered A              | gen       | nt signature requires            | d when reinstaling) DATE   |                      |                        |
| 12.                                      |   | io bire             |  | 13.                            | _         |                                  | ADDITIONS/CHANGES TO OFFICERS A  | ND DIRECTOR          | 1S IN 12               |
| TITLE                                    | DPVS V  |                     | DELETE                                       | 1.1 TITLE                      |           |                                  |  | ☐ Change             | Addition               |
| NAME                                     | HABER, DENNIS R L'  |                     |  | 1 2 NAMI                       |           | l                                |  |                      | ì                      |
| STREET ADDRESS                           | 1450 MADRUGA AVE  |                     |  | 135186                         | FT #      | ADDRESS                          |  |                      | ì                      |
| CITY-S1-ZIP                              | CORAL GABLES FL 33146   |                     |  | 1.4 CITY-                      |           |                                  |  |                      | į                      |
| THE                                      |   |                     | DELETE                                       | 2.1 TITLE                      | _         |                                  | <del></del>  | Change               | Addition               |
| NAME                                     |   |                     |  | 2.2 NAMI                       |           | 1                                |  |                      |                        |
| 1  | }   |                     |  |                                |           | ADDOCCO                          |  |                      | }                      |
| STREET ADDRESS                           | }   |                     |  | - 8                            |           | ADDRESS                          |  |                      |                        |
| CITY-ST-ZIP                              |   |                     | DELETE                                       | 2.4 City<br>3.1 Title          | _         | 1 - ER1                          | · · · · · · · · · · · · · · · · · · ·  | Change               | Addition               |
| 1  | {   |                     | L. DELLIE                                    | 1                              |           |                                  |  | Part October         |                        |
| NAME                                     | 1   |                     |  | 3.2 NAMI                       |           |                                  |  |                      | }                      |
| STREET ADDRESS                           | )   |                     |  |                                |           | ADDRESS                          |  |                      |                        |
| CITY-ST-ZIP                              |   |                     | DELETE                                       | 3.4. CITY                      |           | T-ZIP                            |  | Chart                | 1 Addis-               |
| TITLE                                    | }   |                     | (_) Differe                                  | 4.1 TITLE                      |           | \                                |  | Change               | Addition               |
| NAME                                     | ]   |                     |  | 4. 2 NAM                       |           | ļ                                |  |                      |                        |
| STREET ADDRESS                           |   |                     |  | 1                              |           | ADDRESS                          |  |                      | ſ                      |
| CITY-ST-7IP                              | <u></u>   |                     |  | 4.4 CITY                       |           | r-ZIP                            |  |                      |                        |
| TITLE                                    |   |                     | ☐ DELETE                                     | 51 TITLE                       |           |                                  |  | Change               | ☐ Addition             |
| NAME                                     | (   |                     |  | 5.2 NAM                        | E         | ĺ                                |  |                      | ļ                      |
| STREET ADDRESS                           | 1   |                     |  | 5.3 STRE                       | E T /     | ADDRESS                          |  |                      | i                      |
| CITY-ST-ZIP                              | <u> </u>  |                     |  | 5.4 CITY                       | - SI      | 1 - ZIP                          |  |                      |                        |
| TITLE                                    |   |                     | DELETE                                       | 6.1 TITLE                      | :         | <del>T</del>                     |  | Change               | Addition               |
| NAME                                     | {   |                     |  | 6.2 NAM                        | E         | ł                                |  |                      |                        |
| STREET ADDRESS                           | 1   |                     |  | 6.3 STRE                       | ET /      | ADDRESS                          |  |                      |                        |

14. Thereby certify that the information supplied with this filling 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 fue 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 of the receiver or trustee employment of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changert, or ongui indicationed with any odress.

6.4 CiTY-ST-ZiP

SIGNATURE:

**FILED** 

Feb 26 1998 8:00am

Secretary of State

2364 Davtime Phone # 0210686