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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham'

FILED

May 20 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P9700001822 (0)

SALES R.E. INVESTMENTS, CORP. *

Principal Piac	e of Business	Mailing Ad	Mailing Address				60 1 14 0 18411 18844 88 441 8 8414	ODIN CON CONTRACTOR) #6 4 4
200 S. BISCAYNE BLVD., STE. 4815		200 S. BIS	200 S. BISCAYINE BLVD., STE. 4815						
MIAMI FL 331	131	MIAMI FL	33131				DO NOT WRI	TE IN THIS SPA	CE
						3. Date In	corporated or Qualifier		
						01/08	/1997		
2. Principal P	Place of Business	2a. Mailing	Address			4. FEI Nur	nber		Applied For
21		26				65-1	0727262 <u> </u>		Not Applicable
Suite, Apt. #, etc.		F	Suite, Apt #, etc.				ate of Status Desired	□ \$	8.75 Additional Fee Regulred
City & State			City & State				Compoion Financina		
23	V	28	Sidio				n Campaign Financing und Contribution		\$5.00 May Be Added to Fees
Zip	Country	7 _(P)		Countr	y		rporation owes or has	paid the current	
24	25	29		30			al Property Tax due Ju	_	
	9. Name and Address of Curi	rent Registered Ag	gent				and Address of New I	Registered Age	nt
	LU\$SOLIA, PIERO			81	Name	1			
	O S. B ISCAYNE BLVD., STE. 4	815		82	Street	Address (P.O. Box	Number is Not Accept	lable)	
MI	AMI FL 33131			83	 -				
				"	1				
				84	City			FL 8	5 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508,	Florida Statu	tes, the abov	e-namec	d corporation submi	s this statement for the	e purpose of cha	anging its registered
office or r	registered agent, or both, in the Starm familiar with, and accept the ob-	ate of Florida Such Jugations of Section	change was 1 607,0505, FI	authorized b	y the cor	rporation's board of	directors. I hereby acc	cept the appoint	ment as registered
					S				
CIGNATURE				onda stattito	·S.				
SIGNATURE	Signature, typed or primed has ic of registered	agent and title it applicable				e required when reinstating		DATE	
12.	OFFICERS A		n (NO	If: Registered Ag		e required when reinstating ADDITIO		DATE FICERS AND DIF	RECTORS IN 12
12.	OFFICERS A	agent and title it applicable		IE: Registered Ag 13. 1.1 TITLE		e required when reinstating ADDITIO	NS/CHANGES TO OF	DATE FICERS AND DIF	
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6.4 CITY-ST-ZIP

14. Thereby 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 hanged from an attachment with an address.

0419.2108