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PROFIT, CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 23 1998 8:00am Secretary of State

HERAT	MENT # on Name [, INC.	* P9700	•					
Principal Piac	e of Business		Mailing Address			E Beel Brite 11011 1	1418 11618 118	PS 0(1) (64)
7024 SW 114			7024 SW 114 PLACE					
MIAMI FL 33173 MIAMI FL 33173					DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualified	d		
702	486	114 PURCE			01/21/1997			.,
	lace of Busines		2a. Mailing Address	114 PLACE	4. FEI Number			plied For
Suite, Apt		Lexu e v	26 70 (A 3 W) Suite, Apt. #, etc.	114 ICA CE	EIN 65-0816631		\$8.75 A	t Applicable
22	#, 010.		27		5. Certificate of Status Desired		Fee Re	
City & Stat	te		City & State	E .	6. Election Campaign Financing		\$5.00	May Be
3 M V	A W.	Londa	28 MINN'	France	Trust Fund Contribution		Added to	
Zip 24 33 17	, ,	Country	Zip 33173	Country	8. This corporation owes or has			angible No
4 3 1		S USA nd Address of Curre		[30] C37	Personal Property Tax due Jui 10. Name and Address of New I			1 140
KC	OCH, EDWAR			81 Name		 _		
	24 SW 114 P			82 Street Add	COMARO M. KOC			
	AMI FL 3317			77		1700		
				B3				
				84 City		F-1	85 Zip C	Code .
44 6	<u> </u>				1 19 2/1	<u>FL</u>	33	173
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 Pursuant office or r 	registered ager	is of Bections 607.050 it, or both, in the State	02 and 607.1508, Florida Stat e of Florida. Such change wa	utes, the above-named cor s authorized by the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	e purpose of cl cept the appoir	ntment as	registered
	registered ager am familiar with	ns of sections 607.050 it, or both, in the State and accept the oblig	02 and 607.1508, Florida States of Florida. Such change was patient of, Section 607.0505,	utes, the above-named cor s authorized by the corpora Florida Statutes.	rporation submits this statement for the ation's board of directors. I hereby account	e purpose of closept the appoin	ntment as	registered
11. Pursuant office or r agent. I a SIGNATURE		ns of Sections 607.050 it, or both, in the State and accept the obliga- printed name of registered ap-	1 real	utes, the above-named cors sauthorized by the corpora Florida Statules. OTE: Registered Agent signature requ		e purpose of co	ntment as	registered
SIGNATURE		printed name of registered ag-	1 real			DATE	17r	
SIGNATURE	Signature, typed or	printed name of registered appointed name of registered appointed in the printed appointed in the printed in th	ent and title if applicable. (NID DIRECTORS	OTE: Registered Agent signature requ	uired when reinstating)	DATE FICERS AND D	17r	S IN 12
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