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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000009491

ALTEMAN & OLIVER GROUP, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

941 NORTHEAST 19 AVENUE, SUITE 306-A

941 NORTHEAST 19 AVENUE. SUITE 306-A

FILED Apr 16 1998 8:00am Secretary of State



FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1997 2. Principal Place of Business 21 3961 N. F Applied For Not Applicable Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Pom Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes Yes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER CHARTERED 81 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 CORAL GABLES FL 33134 63 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of coffice or registered tigent, or both, in the State of Pavida. Such change was authorized by the corporation's board of directors. I hereby accept the appoil agent. I am familiar with land accept the obligations of 507.0505, Florida Statutes. SIGNATURE Registered Agent signature required when rainstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE PRES FRANCA, JULIANA NAME 1.2 NAME 941 NORTHEAST 19 AVENUE, SUITE 306-A STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33304 CITY-ST-ZIP 1.4 CITY-ST-ZIP VSD TITLE DELETÉ 2.1 TITLE SMITH, SONIA NAME 2.2 NAME 941 NORTHEAST 19 AVENUE, SUITE 306-A STREET ADDRESS 2.3 STREET ADDRESS FORT LAUDERDALE FL 33304 CITY-SE-ZIP 2. 4 CiTY-ST-ZIP DELETE TITLE 3 1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS Fideral CITY - ST - ZIP 3.4. CITY-ST-ZIP BEACH. DELETE TITLE 4.1 TITLE SECRE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE 61 TITLE ☐ Change ■ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - 7IP 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.