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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000015941 (2)

LAW OFFICES, FRANK E. AMSALEM, P.A.

FILED May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						T OPP I LEGY AID LEAVIN GODIN CONTINUED IN CONTINUED IN THE CONTINUE OF THE VIEW OF THE CONTINUE OF THE CONTIN
420 LINCOLN MIAMI BEACH	ROAD. SUITE 258 1 FL 33 139		420 LINCOLN ROAD. SUITE 258 MIAMI BEACH FL 33139			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
6 Details at D	Jacob D. Jacob	1 0- 14-15-2 A	dal-ses			02/19/1997
	lace of Business		2a. Mailing Address			4. FEI Number Applied For Not Applied For Not Applied For
Suite, Apt.	#. etc		Suite, Apt. #, etc.			\$9.75 Additional
22	., 0.6.	<u>├</u>	27			5. Certificate of Status Desired Fee Required
City & State	0		City & State			B. Election Campaign Financing \$5.00 May Be
23		28	28			Trust Fund Contribution Added to Fees
Z ip	Zip Country		Zip Country		,	8. This corporation owes or has paid the current year Intangible
24	25	29	30	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ent Hegistered Agei	nt	81	Name	10. Name and Address of New Registered Agent
	SALEM, FRANK E			01	INAFILE	<u> </u>
	LINCOLN ROAD, SUITE 258			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
MIA	AMI BEACH FL 33139			83		
	•			84	City	FL 85 Zip Code
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 changing its registered office or registered agent, or both in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered						
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature typed or printed name of registered agricultand title diapproaching (NOT) Registered Agent signature required when reinstating) DATE						
12.		ND DIRECTORS		13.	ogrado o re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TITLE	T	☐ Change ☐ Addition
NAME	AMSALEM, FRANK E	_		1.2 NAME	İ	
STREET ADDRESS	4200 CHASE AVE 4568	Pos Ave.		1.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140			1.4 CITY-S	i - ZIP	
TITLE				2.1 TITLE	1	☐ Change ☐ Addition ☐
NAME				22 NAME	ţ	
STREET ADDRESS				2.3 STREET		
CITY-ST-ZIP TITLE	· · · · · · · · · · · · · · · · · · ·			2. 4 C(TY - 5 3.1 TITLE	ST-ZIP	☐ Change ☐ Addition
NAME				3.2 NAME		_ onungo _ rounton
STREET ADDRESS				3.3 STREET	ADDRESS	į
CITY-ST-ZIP				3.4 CITY-5		
TITLE				4.1 TITLE		Change Addition
NAME				4 2 NAME		
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY-ST-ZIP				4.4 CITY-S	T - ZIP	
TITLE		Ĺ_	4	5.1 TITLE		Change Addition
NAME				5.2 NAME		1
STREET ADDRESS				5.3 STREET	1	
CITY-ST-ZIP				5.4 CITY - S	T-ZIP	Change Addition
TITLE		L	■ E	6.1 TITLE 6.2 NAME		Change Mounton
NAME STREET ADDRESS					MUDDECC	
STREET ADDRESS				6.3 STREET 6.4 City-S	í	
14. I hereby o	certify that the information supplied	with this liling does r				in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report or supplier central another 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 to sleec 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 in attact them an address.

301-154-484