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PROFIT **CORPORATION** ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000029781 (6)

DAVID K. MARKARIAN, P.A.

FILED May 06 1998 8:00am Secretary of State



4/27/98

| Principal Place | e of Business | Mailing Address | | , 10011001 (10 1511) 15011 00111 00111 00111 00111 | # 11814 18111 18881 18181 1181 1881 |
|---|---|--|--|--|---|
| 6900 YUMURI STREET 6900 YUMURI STRI CORAL GABLES FL 33146 CORAL GABLES FL | | | 146 | DO NOT WRITE IN THE | S SPACE |
| | | | | 3. Date Incorporated or Qualified 04/02/1997 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 800 Brickell AVE. | | 26 800 Brickell AVE | | 65-0745703 | Not Applicable |
| Sulte, Apt. #, etc. | | Suite, Apt. #, etc. | | E Outstand of Child Desired | \$8.75 Additional |
| 22 /115 | | 27 1115 City & State 28 MIAM(FC | | 5. Certificate of Status Desired | Fee Required |
| City & State 23 Minni | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| Zip | Country | Zip | Country | 8. This corporation owes or has paid the c | |
| 24 <i>3313</i> | 25 USA | 29 33/31 | 30 USA | Personal Property Tax due June 30. | Yes No |
| | g. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registere | d Agent |
| M | ARKARIAN, DAVID K | | 81 Name | | |
| 6 | 900 YUMURI STREET | | | dress (P.O. Box Number is Not Acceptable) | ¥1115 |
| U | ORAL GABLES FL 33146 | | 83 80C |) ISRICKELL RYENUE " | _// *> |
| | | | 84 City | LAMI F | L 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statut | es, the above named cor | rporation submits this statement for the purpose | of changing its registered |
| | ogistered agont, or both, in the State on familiar with, and accept the obligat | | | ation's board of directors. I hereby accept the ap | ppointment as registered |
| | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | Land the diapplicable (NOT | F Registered Agent signature requ | uired when reinstating) DATE | |
| SIGNATURE | Signature, typed or printed name of registered agent OF FICE HS AND | | F Registered Agent signature requ | uirod when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A | |
| | | | | | ND DIRECTORS IN 12 |
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