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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF CORPORATION 1. Corporation Name P97000031725 (9)

FILED May 13 1998 8:00am Secretary of State

1. Corporation		SOUTH FLOR		720 (8)							141411111
Principal Place of Business Mailing Address						<u>-</u>			i i i i i i i i i i i i i i i i i i i		HOL ONE 1001
5931 NW 17TH AVE 201 NW 64TH ST MIAM FL 33142 MIAM FL 33150											
								DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified		3FACE	
}								04/07/1997	_		
·	lace of Business	s	2a. Mailing Address				4. FEI Number		A	pplied For	
21			26					65-074345	<u> </u>		ot Applicable
Suite, Apt.	#, elc.		27 Su	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired
City & State	в		 	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip				Zip Country				Trust Fund Contribution 8. This corporation owes or has			
24	26		29	→		¬ '		Personal Property Tax due Ju	•		∏ No
	9. Name an	d Address of Cur	rent Registere	d Agent				10. Name and Address of New I	Registered	Agent	
GREEN, JEFFREY						Name					
	1 NW 17TH A	IVE				Street	Addre	ess (P.O. Box Number is Not Acceptable)			
MIAMI FL 33142					83	83					
}						<u> </u>					
						84 City			FL	_ 85 Zip	Code
4	to the provisions egistered agent in familiar with,	s of Sections 607.6 , or both, in the St and accept the of	0502 and 607.1 ate of Florida Soligations of, Se	508, Florida Statut Such change was a action 607.0505, Florida	es, the above authorized b orida Statute	ve-named by the cor es.	l corpo poratio	ration submits this statement for the n's board of directors. I hereby acc	purpose opent the ap	of changing I pointment as	ts registered registered
SIGNATURE	Signature, typod or p	rinted name of registered	agent and title if app	plicable (NOT	E: Registered Ac	gent signature	e required	when reinstating)	DATE		
12.		OFFICERS.	AND DIRECTORS			13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D			DELETE	1.1 TITLE					Change	Addition
NAME OFFET ADDRESS	GREEN, JE				1.2 NAME						
STREET ADDRESS	5931 NW 1 MIAMI FL 3					T ADDRESS	1				
CITY-ST-ZIP TITLE	MINIMITES	N 146		DELETE	1.4 CITY- 2.1 TITLE		 -			Change	Addition
NAME					2.2 NAME		1	-		-	
STREET ADDRESS				2.3 \$							
CITY-S1-ZIP					2. 4 CITY	-ST-ZIP	 				
TITLE				☐ DELETE	3.1 TITLE					Change	☐ Addition
NAME STREET ADDRESS					3.2 NAME		1				
CITY-ST-ZIP					3.4. CITY	T ADDRESS					
TITLE				DELETE	4.1 TITLE		 			Change	Addition
NAME					4. 2 NAM	E					
STREET ADDRESS					4.3 STREE	T ADDRESS	1				
CITY-ST-ZIP	-			F5525	4.4 CITY-		L				
TITLE				DELETE	5.1 TITLE					Change	Addition
NAME CONSTRUCTOR					5.2 NAME						
STREET ADDRESS						T ADDRESS	1				
						CT TIC					
City-St-ZiP	·			DELETE	5.4 CITY -		 -			Channe	Addition
TITLE NAME	<u></u>			DELETE	5.4 CITY - 6.1 TITLE 6.2 NAME					☐ Change	Addition

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 eath; 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.

SIGNATURE:

- Jeffrey Circen

31/3/9

(305) 834-7063