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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Mar 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

.1998

DOCUMENT # P97000035838 (6)

LAW OFFICES OF ROZALYN LANDISBURG, P.A.														
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Principal Place of Business Mailing Address											48111 48111	E8111 48188 111		tiefft imet effet
13899 BISCAYNE BLVD. 13899 BISCAYNE BLVD.														
SENATOR LAW BLDG., STE. 110 SENATOR LAW BLDG., STE N. MIAMI BEACH FL 33181 N. MIAMI BEACH FL 33181									DO NOT WRITE IN THIS SPACE					
									3. Date Incorp	orated or	Qualified	d		
									04/22/19	997				
2. Principal F	Place of Business		2a. Mailing Address					4. FEI Numbe	7//-	-///	20		Applied For	
27				26					650	14	40	37		Not Applicable
Suite, Apt.	. #, OTC.		Suite, Apt. #, etc.					5. Certificate d	of Status I	Desired	M		Additional	
22 City & Stat	e ·		City & State					6. Election Campaign Financing \$5.00 May Be						
23		1	28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip Country				Zip			try		8. This corpor			paid the cu		
24	25			29 30					Personal Pr	operty Te	x due Ju	ne 30.	Yes	□ No
	9, Name an	d Address of C							10. Name and			Registered	Agent	
CQ	RPORATION S	ERVICE COM	PANY ,	Rozald) Kandi	shing \$3	Name	R	ss (P.O. Box Nun	, L.	~ di.	Lupe		
126	of Hays S tre	ET-	300	E 6.	the I make	Min OF	2 Street	Adgres	ss (P.O. Box Nun	noer is No	al Accept	labla	. (0.
TAI	L lamassee f i	L -02301-26 25	Wal.	144.4	1 . E.)	-		75	105 J	0 1	ing	12/100	N CIR	cu
			33	· yww	JEM	6	13				•			•
3302/							4 City	11.11				F7.6	85 Zi	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the aboroffice or registered agent, or both, in the State of Florida, Such change was authorized burgent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statute								20160	Less of	in stateme	ant for the	FL.		
office or r	registered agent	or both, in the	State of F	lorida Suct	i change was	authorized	by the corp	poration	n's board of dire	ctors. I he	ereby acc	ept the ap	pointment a	as registered
	ım familiar with, a	and accept the	obligation 	s of Section	n 607.05 05 , Fi	orida Statut	ies.				3/2	198	i	
SIGNATURE	Signature, typed of	rate of an a suger to	red agent and	if applicate	10 (NO	IF: Registered A	Agent signature	required	when reinslating)		_//_	DATE		
12.		OFFICER	S AND D	HECTORS		13.			ADDITIONS/	CHANGE	S TO OFF	FICERS AN	D DIRECTO	ORS IN 12
TITLE	D				DELETE	1.1 TITU	E					.,	Change	Addition
NAME	LANDISBURG, ROZALYN						1.2 NAME							
STREET ADDRESS				110		1.3 STRE	1.3 STREET ADDRESS							
CITY-ST-ZIP		EACH FL 331	81		TT oc. inc	_	-ST-ZIP			_				F-12785
TITLE	PVST				DELETE	2.1 TITLE							L Change	Addition
NAME		RG, ROZALYN	OTC 44	^		2.2 NAM								
STREET ADDRESS		AYNE BLVD., EACH FL 331:		U			ET ADDRESS							,
CATY-ST-ZIP TITLE	IT. MIAMI D	EACH FL 331	01		DELETE	2. 4 CH 4	/-S1-2IP						☐ Change	Addition
NAME						3.2 NAM								,,
STREET ADDRESS						1	ET ADDRESS							
CITY-ST-ZIP							r-\$T-ZIP							
TITLE					☐ DELETE	4.1 TITLE							☐ Change	Addition
NAME						4. 2 NAN	AE							
STREET ADDRESS	1					4.3 STRE	ET ADDRESS							
CITY-ST-ZIP						4.4 CITY	- ST- ZIP					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TITLE					DELETE	5.1 TITLE							Change	Addition
NAME						5.2 NAM	F i						O	5
STREET ADDRESS							ET ADDRESS						-~}	22/A
CITY-ST-ZIP					Docume	5.4 CiTY							776	Addition
TITLE					☐ DELET E	6.1 TITLE			400	100	24.	490	31 Change	
NAME						6.2 NAM			-03/	06/98	}01(0060	31	
STREET ADDRESS						6.3 STRE	ET ADDRESS		宋宗宋 [58.79)			

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 suppliemental 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.

CITY-ST-ZIP