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PROFIT CORPORATION ANNUAL REPORT **19**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham .

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000041698 (6)

ADEST, INC.

FILED May 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4330 N.E. 2ND AVENUE 4330 N.E. 2ND AVENUE MIAMI FL 33137 MIAMI FL 33137 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/12/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 65-0752672 21 3801 NE 207ST 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 FL 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 AMERILAWYER CHARTERED erome 343 ALMERIA AVENUE 82 Street Address CORAL GABLES FL 33134 83 City AVENTURA 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, 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. I hereby accept the appointment as registered agent: 1 am familier with, and accept the appointment of Section 607.0505. Florida Statules. NEVOMP SSME SIGNATURE 12 OFF ERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE L Change ___ Addition NAME WEISSNER, JEROME 12 NAME 3801 NE 207 ST, # 1404 4330 N.E. 2ND AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI-FL-93197~ CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE STD 2.1 TITLE Addition Weissner. Helene 2.2 NAME 3801 NE 207 ST # 1404 STREET ADDRESS 4990 N.E. 2ND AVENUE 2.3 STREET ADDRESS MIAMLEL 33137~ CITY-ST-ZIP AVENTURA FL 2. 4 CITY - ST- ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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.