## 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 # P97000043661 (2)

CO SAMPORD N REINHARD 2675 NE 191ST STREET SUITE 404 AVENTURA R. SNIAD  27	TAHS \	VENTURES, INC.					
## AVENTURA FL 33180	Principal Plac	ce of Business	Mailing Address			BYDDA LYTIN BULKA OLKAY TIDI TADI	
Principal Place of Business   2a, Malking Address   4. FE Number   Applied For	2875 NE 191ST STREET SUITE 404		2875 NE 191ST STREET S				
22							
Sulfis, Apt. 4, etc.    Sulfis, Apt. 4, etc.	2. Principal F	Place of Business	2a. Malling Address	<del></del>		Applied For	
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, A			26		45 - 075 3025		
City & State   City & State   City & State   City & State   S. Election Campaign Financing   S. 0.00 May be Added to Face   Added to Face   S. This corporation owers or has paid the current year immigration   Personal Property Tax due June 30.   Yes   No.		#, etc.				\$8.75 Additional	
28   Trust Fund Contribution   Added to Fees	22				5. Certificate of Status Desired	Fee Required	
2p   Country   Zip   Country   Zip   Country   2p   Sign	City & Sta	te	City & State		' ' ' ' '		
Personal Property Tax due June 30.   Yes   Mo   Name and Address of Current Registered Agent	23			0			
S. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   REINHARD, SANFORD N   2875 Nr. 191ST STREET SUITE 404   20	<b>—</b> ·	<b>├</b> ─────	— · ·	<del></del>	· · · · · · · · · · · · · · · · · · ·		
REINHARD, SANFORD N 2875 NE 191ST STREET SUITE 404 AVENTURA FL 33180  11. Pursuant to the provisions of Socions 507 (502 and 507 1508, Fiorida Statutes, the work office or registered agent, or both, in the State of Fiorida, Such change was authorized by the corporations beat mits this statement for the purpose of changing list registered agent, or both, in the State of Fiorida, Such change was authorized by the corporations beat mits this statement for the purpose of changing list registered agent, or both, in the State of Fiorida, Such change was authorized by the corporations beat mits this statement for the purpose of changing list registered agent, and accept the obligations of, Socions 607 (505, Fiorida Statutes, the origination with, and accept the obligations of, Socions 607 (505, Fiorida Statutes, the origination with, and accept the supportment as registered agent, and accept the obligations of, Socions 607 (505, Fiorida Statutes, the origination with, and accept the supportment as registered agent, and accept the	24			30]			
2875 NE 191ST STREET SUITE 404 AVENTURA FL 33180  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Sialutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am fewfall with, and except the objections of Sections 607 0502 and 607.1508, Florida Sialutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am fewfall with, and except the objections of Section 607.0505, Florida Sialutes, the above-named corporation submits this statement for the purpose of changing its registered of office or registered agent. I am fewfall with, and except the objections of Section 607.0505, Florida Sialutes, the above-named corporations board of directors. I hereby accept the appointment as registered objections of Sections 607.0505, Florida Sialutes, the above-named corporations board of directors. I hereby accept the appointment as registered objections of Sections 607.0505, Florida Sialutes, the above-named corporations board of directors. I hereby accept the appointment as registered objections of Sections 607.0505, Florida Sialutes, the above-named corporations board of directors. I hereby accept the appointment as registered objections of Sections 607.0505, Florida Sialutes, the above-named corporations board of directors. I hereby accept the appointment as registered objections of Sections 607.0505, Florida Sialutes, the above-named corporations board of directors. I hereby accept the appointment as registered objections of Sections 607.0505, Florida Sialutes, the above-named corporations board of directors. I hereby accept the appointment as registered objections of Sections 607.0505, Florida Sialutes, the above-named corporations board of directors. I hereby accept the appointment as registered objections of Sections 607.0505, Florida Sialutes, the above-named corporations board of directors. I hereby accept the appointment as registered objections of Sections 607.0505, Florida Sialutes, the a	nc		rogistores Agent	81 Name		- Agoin	
AVENTURA FL 33180    Signature   Control   Con			1	<u> </u>	HAROLD A. SMITH		
Second Ration   Second Secon	_						
11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. Such change was antionized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Soction 607 0506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Soction 607 0506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with an advertised when reinstatics.  SIGNATURE    APPLICATION   PROFITCERS   PROFITC	M	ENTORA PE 33180		83			
1. 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 his 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. I am familiar with, and accept the obligations of Section 607 0505, Florida Statutes.    SIGNATURE					a Katon	lant mi Out	
Agent				84 City	F	L 85 20 Code	
TITLE	agent. I a	am familiar with, and accept the oblig  HARD40 A. Smir Signature, typed or profed name of registered age	ations of, Section 607.0505, Flor	Registered Agent signature re	a. Smitt 2/2 equired when reinstalling) DATE	8/98	
NAME   STREET ADDRESS   2875 NE 191ST STREET SUITE 404   1.3 STREET ADDRESS   1.4 CITY-ST-2P   AVENTURA FL 33180   1.4 CITY-ST-2P   AVENTURA FL 33180   1.4 CITY-ST-2P   1.3 STREET ADDRESS   1.4 CITY-ST-2P   1.3 STREET ADDRESS   1.4 CITY-ST-2P   1.4 CITY-ST-2P   1.5 CITY-ST-2P							
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1.4 CITY-ST-ZIP			TF 404				
TITLE			IC 4U4			Ľ.	
NAME		AVENTURA PL 33100	DELETE		10001 40100, 10000	·	
2.3 STREET ADDRESS   2.4 CITY-ST-ZIP				1			
CITY-ST-ZIP							
TITLE					· · · · · · · · · · · · · · · · · · ·		
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CITY-ST-ZIP	NAME			3.2 NAME			
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A 3 STREET ADDRESS   A 4 CITY - ST - ZIP	TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
CITY-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME         STREET ADDRESS	NAME			4. 2 NAME			
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME	STREET ADDRESS			4.3 STREET ADDRESS			
NAME			No. 575		<u> </u>		
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CHTY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME							
TITLE DELETE 6.1 TITLE Change Addition  NAME 6.2 NAME							
NAME 6.2 NAME			DEI ETE		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition	
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				6.3 STREET ADDRESS			

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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

**FILED** 

Mar 05 1998 8:00am

Secretary of State

561-994-6855