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

POCUMENT # P97000044740 (3)

MSLD ENTERPRISES INC.

FILED Apr 23 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address												- 			II UUUK DIUK			
875 N.E. 178TH STREET						875 N.E. 178TH STREET												
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													DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
												1	0/1997	illeo				
2. Principal Place of Business						2a. Mailing Address						4. FEI Nur	mber			I Ar	plied For	
21						26						65-07	71196		1		t Applicable	,
1	Suite, Apt.	Apt. #, etc.				Suite, Apt. #, etc.						5. Certifica	ate of Status Desire	ed 🗆			Additional	٦
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23	City & Stat	State				28						1	n Campaign Financ	ing 🔲			Мау Ве	
ļ	Zip	Country				Zip Cou							und Contribution				o Fees	4
24	·	<u>⊢</u> ' }			29	ı					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.						-	
9. Name and Address of Current Registered Agent													and Address of N		red Agent]
		raham, sai							81	Nam	e							
875 N.E. 178TH STREET										Stree	t Addre	ss (P.O. Box	Number is Not Acc	ceptable)	able)			
NORTH MIAMI BEACH FL 33162												·						╛
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ĺ									84	City					FL 85	Zip (Code	1
11	Pursuant	to the provis	ions of S	ections 607 0	502 an	d 60)	7.1508, Florida S tatu	des the	- Phove	-name	d corpo	vation submit	te this statement to	the pure	co of chan	oing it	registered	4
'	office of r	regi ste red ag	ient, or b	oth, in the Sta	ite of Fi	londa	a. Such change was Section 607.0505. F	authori	zed bv	the co	prporation	on's board of	directors. I hereby	accept the	appointm	ent as	registered	
61/	GNATURE	III I I I I I I I I I I I I I I I I I	in, and a	accept the obi	ilganon	ia Oi,	Section 607.0505, F	ionaa a	latules	٠.								
310	JINATURE	Signature, typed	or printed r	name of registered a	agent and	l litle if	applicable (NC	TE Regist	ured Age	ni signah	re required	d when reinstaling))	DA	TE.			١,
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14.	I hereby c	certify that the	; informa	tion supplied	with th	ils filir	ng does not qualify	for the e	xempt	ion sta	ted in S	ection 119.07	(3)(i), Florida Statu	ites. I furthe	or certify th	at the	information	1

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 occopation or the receiver or Irustate 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: X AR. A COST ACC

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