5.22-98 B 7810 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 22 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUI 1. Corporatio DETAIL	MENT In Name IS P LUS,		0049223 (5)		! 1880/00% (18 10/11 108/1 88/1/ 80/1/ 80/1/ 80/1/	IDIE IDIIA JULIE IKORE HIK IRBI
						<u> </u>
Principal Place of Business Mailing Address					1 (100)(10) (10) (10) (10) (10) (10) (10	10.0 (0.10 (1010 1100 1111 100)
1111 LINCOLN RD 1111 LINCOLN RD SUITE 500 SUITE 500 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139					DO NOT WRITE IN THE	S SPACE
MIAMI BEACE	1 FL 33139		MIAMI BEACH FL 33139		3. Date Incorporated or Qualified	3 01 NOE
					06/04/1997	
2. Principal P	lace of Rusi	ness	2a, Mailing Address		4. FEI Number	Applied For
21 68	16 6	-AMARIN	26 6600 S,	W. 57 Wb	65-0766144	Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional
27						Fee Required
City & State 23 Corac GABLES Fr. Zip Country			28 MI AM /	<u>h</u>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 331.	J1_	25 D A-D 5	7p 7	Country	 This corporation owes or has paid the of Personal Property Tax due June 30. 	current year Inlangible
24 771		and Address of Currer		30 19403	10. Name and Address of New Registere	
LOPEZ PETER M 81 Name					11	
4444 INCOLN DD				P2 Street Adds	ress (P.O. Box Number is Not Acceptable)	-
SUITE 500						Ava
MIAMI BEACH FL 33139						
				84 City	-1	85 Zip Code
				Oity	WIAMI F	L " 333"
11. 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 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Warran 2 April Signature types to project one or of no different energy and or of a project of the original and or of the original and or of the original and or of the original and original						
12.	Signature types	for presentaine entring d e relia n. OFFICERS AN		Registered Agent signature requir	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12
TITLE	<u> </u>	VALUE AND A SECOND	DELETE	1.1 THILE	ADDITIONS/CHANGES TO OFFICE IS A	Change Addition
NAME	ABRAH.	AM, NORMA J		1.2 NAME		
STREET ADDRESS	6816 C	AMARIN		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL	GABLES FL		1.4 C(1Y - \$1 - ZIP		
TITLE			☐ DELETE	2.1 TITLE		Change Addition
NAME	1			2.2 NAME		
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP			DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			Diffir	3.2 NAME		C Orlange C Addition
STREET ADDRESS	ļ			3.3 STREET ADDRESS		
CITY-ST-ZIP				3.4. CITY-ST-ZIP		
TITLE			DELETE	4.1 Title		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CTTY - ST - ZIP		
TITLE			DELÉTE	5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		į
CITY-ST-ZIP TITLE	ļ		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME				6.2 NAME		- Clarings - First Marketin
STREET ADDRESS				6.3 STREET ADDRESS		
CITY-ST-ZIP				6.4 City - St - ZIP		
14. I hereby o	certify that th	oe information supplied w	ith this filing does not qualify fo	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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.						