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

FILED May 07 1998 8:00am Secretary of State

MANHO POOD ENTERPRISES	OF INJERIOR JOHNE	, MCL, MC.			
Principal Place of Business	Mailing Address		أيلانيا استشمها وشياني ويستها		
401 BISCAYNE BLVD	401 BISCAYNE BLVD				
8 219	SOUTH 219		DO NOT WEIT	E IN THIS SPAC	~E
MIAMI FL 33132	MIAMI FL 33132		3. Date Incorporated or Qualified	E IN THIS SPAC	
U\$	US		,		}
2. Principal Place of Business	2a. Mailing Address		06/27/1997 4. FEI Number		Applied For
	26 1455 NW	UNTI AVE	65-0684-563		Not Applicable
21 1755 NW 107 AVE Suite, Apt. #. etc.	Suite, Apt. #, etc.	IOT IVE		2	8.75 Additional
22 4 488	27 488		5. Certificate of Status Desired		Fee Required
City & State	City & State	······································	6. Election Campaign Financing		\$5.00 May Be
23 MIAMI	28 MIAMI		Trust Fund Contribution		Added to Fees
Zip Codinity	7:-	Country	8. This corporation owes or has p	aid the current	year Intangible
24 33172 25	29 33172 3C	<u> </u>	Personal Property Tax due Jun	e_30. 🔼 Y€	es 🔲 No
9. Name and Address of	Current Registered Agent		10. Name and Address of New R	egistered Ager	at
HO, IVAN R		81 Name			1
730 SOUTH SHORE DR		82 Street Addr	ass (P.O. Box Number is Not Accepta	ible)	····
MIAMI BEACH FL 33141		7501	DADEVAND MALL	FC3	
		83	was and the second seco		
				12:	
		84 City MIAM	11 8,750	FL 8	33 156
11. Pursuant to the provisions of Sections 6	07.0502 and 607.1508, Florida Statutes,	the above-named corp	oration submits this statement for the	purpose of cha	anging its registered
office or registered agent, or both, in the	e State of Florida. Such change was aut e obligations of, Section 607.0505, Florid	horized by the corporati	ion's board of directors. I hereby acce	opt the appointr	ment as registered
•	e obligations of Section (b) 10303, Floric	ia Sialules.			
SIGNATURE Signature typed or printed name of regis	itered agent and title if applicable (NOTE R	agistared Agent signature requir	ad when reinstating)	DATE	
12. OFFICE	RS AND DIRECTORS	13.	ADDITIONS CHANGES TO DEF	ICERS AND DIF	REGTÓRS N. 12 Change Addition
TITLE	☐ DELETE	1.1 TITLE		स्र	Change Addition
NAME HO, IVAN R		1.2 NAME			
STREET ADDRESS 730 SOUTH SHORE FL	,	1.3 STREET ADDRESS	7501 DADELAND MAL	L FC·3	
CITY ST-ZIP MIAMI BEACH FL		1.4 CITY - ST - ZIP	11AMI, FL 33156	_	
TITLE	DELETE	2.1 TITLE			Change
NAME		22 NAME			İ
STREET ADDRESS		23 STREET ADDRESS			ļ
DITY - ST - ZIP		2 4 CITY-ST-ZIP			
rit; g	☐ DELETE	31 TITLE		L.	Change
NAME		3.2 NAME			į
STREET ADDRESS		3.3 STREET ADDRESS			
2(T / - ST - ZIP		3.4. CITY - ST - ZIP			
*·TLE	DELETE	4 1 TITLE			Change Addition
VAME		4. 2 NAME			i :
STREET ADDRESS		4.3 STREET ADDRESS			,
DITY-ST-DIP		4.4 CITY - ST - ZIP			
TITLE	DELETE	5.1 TITLE			Change Add-tion
YAME		5.2 NAME	,		
STREET ADDRESS		5 3 STREET ADDRESS			
0:ft/-3f-@P		54 CITY-ST-ZIP			
TITLE	DELETE	61 TITLE	80000251	8798	Change
NAME	/	6.2 NAME	-05/11/980109	34001	$\sim 10^{10}$
STREET ADDRESS	$I \bigvee V$	6.3 STREET ADDRESS	***150.00	er y near teath at	1, 6
DIV-ST-ZIP		6.4 CITY - ST - ZIP)
14. I hereby certify that the information sub	Med Mil // is flying does not qualify for		Section 119.07(3)(i), Florida Statutes.	I further certify	that the information

eport is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the an address.

SIGNATURE:

4-30.98