## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998 -



I LORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF COMPORATIONS

DOCUMENT #

P97000062791 (3)

## FILED May 01 1998 8:00am Secretary of State

ADLER, CORP.			E 1980 KERIS ING 1889 KANDAN BRING B	IIAO OLONI LOONIO KOKOK KLOKKOO
Principal Place of Business	Mailing Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
173 N SHORE DR #B 173 N SHORE DR #8 MIAMI BEACH FL 33141 MIAMI BEACH FL 33141			DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified	
			07/18/1997	
2. Principal Place of Business	2a. Mailing Address	onita Dr	4. FEI Number 65-0173673	Applied For
Suite, Apt. #, etc.	26 7098 BC Suite, Apt. #, etc.	MITA DE		Not Applicable \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State	1 4-1	6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 Miami Ber	Country	Trust Fund Contribution	Added to Fees
24 25	29 33141 30		B. This corporation owes or has paid the cu     Personal Property Tax due June 30.	rrent year Intangible Yes  No
9, Name and Address of Current	11	1	10. Name and Address of New Registered	
LUBEL, DANIEL H		81 Name		
. 173 N SHORE DR #8 B2 Str		B2 Street Addre	ess (P.O. Box Number is Not Acceptable)	
MIAMI BEACH FL 33141		63		<u> </u>
		63		
		84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502	and 607.1508, Florida Statutes,	the above-named corpo		of changing its registered
11. Pursuant to the provisions of Sections 607 0502 office or registered agent, or both, in the State o agent. I am familial with, and accept the obligation	f Florida. Such change was auth ons of, Section 607.0505, Florid	iorized by the corporati a Statutes.	on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE _ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. ]		<u> </u>	- 98
Signalium, lys die ponted name of registered agest  12. OFFICERS AND		rgistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 10
THE DPT	DELETE	1.1 THLE	ADDITIONS/CITANGES TO GI FICENS AN	Change Addition
NAME LUBEL, DANIEL H		1.2 NAME		
STREET ADDRESS 173 N SHORE DR #8		1.3 STREET ADDRESS		][
CITY-ST-ZIP MIAMI BEACH FL 33141	Dr. Ste	1.4 CITY-ST-ZIP		
TITLE DVPS NAME GARCIA, MARIANA C	☐ DELETE	2.1 TITLE		Change Addition
NAME   GARCIA, MARIANA C   STRUET ADDRESS   173 N SHORE DR #8		2.2 NAME 2.3 STREET ADDRESS		
CITY-SI-ZIP MIAMI BEACH FL 33141		2.4 CITY-ST-ZIP		
TITLE	DELETE	3.1 TITLE		Change Addition
) NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	3.4. CITY- ST-ZIP 4.1 TITLE		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 City - St - ZiP		
TITLE ,	DELETE	51 TITLE		Change Addition
NAME .		52 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		i
CITY-SN ZIP		EAGIN OF TO		
1	☐ DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME	OELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		Change Addition
NAME Street Address	DELETE	6.1 TITLE		Change Addition

In persoy certify that the information supplied with this filling 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 chapted, or on an attachment with appropriate.

SIGNATURE:

Parallent

03-30-98 (305) 864-9302