0/97)	
=	
CR2E034	

☐ Change ☐ Addition

<u>*</u>	:	APPROVED
FILE NOW: FILING FEE AFTER MAY 1ST IS	AND	
PROFIT FLORIDA DEPARTMENT OF STATE		7 FILED
CORPORATION Sandra B. Mortham		98 NOV 16 PM 3: 56
ANNUAL REPORT Secretary		
1998 DIVISION OF CORPORATIONS		SECRETARY OF STATE VALLAHASSEE, FLORIDA
DOCUMENT # P97000064832_		
1. Corporation Name		
Florida, INC.		
Principal Place of Business Mailing Address Mailing Address		
		DO NOT MORE IN THE SPACE
Miami, F1. 33168		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing Address 21		4. FEI Number  Applied For  Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional
22     27		Fee Required
23 28 28		6. Election Campaign Financing Trust Fund Contribution  Trust Fund Contribution  Added to Fees
Zip Country Zip 24 25 29 3	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
9. Name and Address of Current Registered Agent	01	Personal Property Tax due June 30. Li Yes Li No.  10. Name and Address of New Registered Agent
WALKER, VIRGIL	81 Name DENN	115 R. LAW SR.
SVAINAR WYORGO	82 Street Addre	ss (P.O. Box Number is Not Acceptable)
Miami, Fl. 33056	83	NING O
Miami, Fr. 33000	84 City mian	FL 85 Zip Code 33168
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,	the above-named corpo	ration submits this statement for the purpose of changing its registered
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auti agent I am Igmillar with, and accept the obligations of. Section 607.0505, Florid</li> </ol>	horized by the corporatio da Statutes.	n's board of directors. I hereby accept the appointment as registered
SIGNATURE DENNIS (aw 1/0	Registered Agent signature required	1/-10-98
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME LAW, DENN'S	1 TITLE	☐ Change ☐ Addition
STREET ADDRESS 14301 NW 3Rd AVE.	1 2 NAME 1 3 STREET ADDRESS	3000026916335
city-st-zip Miam: F1. 33168	1 4 CITY - ST - ZIP	****150.00 ****150.00
NAME DELETE	2 1 TITLE	☐ Change ☐ Addition
STREET ANDRESS SOUTH NW 34th COURT	2.2 NAME 2.3 STREET ADDRESS	}
CITY-ST-ZIP Migmi F1. 33056	2 4 CITY - ST - ZIP	
NAME LAW, HATTLE	31 TITLE 32 NAME	☐ Change ☐ Addition
STREET ADDRESS SOTILI'NW SUTTY COURT	33 STREET ADDRESS	
CITY-ST-ZIP CAROL CIETY F1. 33056	3.4 CITY-ST-ZIP	
TITLE SID DELETE	4.1 TITLE . 4.2 NAME	☐ Change ☐ Addition
STREET ADDRESS 14301 NW 3RD AVE	4.3 STREET ADDRESS	4
CITY-ST- LIP Miami, F1 33168	4.4 CITY - ST - ZIP	16/1/14
TITLE DELETE .	51 TITLE 52 NAME	Change Addition
STREEY ADDRESS	5 3 STREET ADDRESS	,
CITY-ST-7IP	5.4 CITY • ST • 7LP	

DELETE

61 TITLE

62 NAME

STREET ADDRESS

CITY-ST-ZIP

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 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 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.

SIGNATURE:

Device 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 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.

SIGNATURE:

Device 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 of 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.

SIGNATURE:

Device 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 directors are required by Chapter 607. Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(ii), Florida Statutes. I furth

TITLE

NAME