\$LE.NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT # P97 0000 71325

FILED Mar 10 1998 8:00am Secretary of State

1. Corporation Na	ind, Inc.				
Principal Place of Business Mailing Address					
MIAMI BEACH FL 33139				DO NOT WRITE IN TH	IS SPACE
				3, Date Incorporated or Qualified	
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number 0774124	Applied For Not Applicable
Suite, Apt. #, et	tc.	Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zıp 29	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	No □ No
- 1-010	. Name and Address of Cur	rent Registered Agent	81 Name	10. Name and Address of New Registers	d Agent
MENO	GOTTON	n			
5514	60 284	A. JEKK		ddress (P.O. Box Number is Not Acceptable)	·
FT	auder pace	, FL 33312	83		***************************************
• •		•	84 City		85 Zip Code
44 Dura contra the		500 and 607 4500 Flasher Dia	lan the shows record of	F	' L
office or reaist	tered agent, or both, in the Sta	ite of Florida. Such change wa	s authorized by the corpo	corporation submits this statement for the purpose gration's board of directors. I hereby accept the a	ppointment as registered
	miliar with first accept the real	ligations of Section 607 0505,	LEXID GOT	TON 211	3138
SIGNATURE Signa	ture typed or printed many of registered	Light and tile if applicable (N	IOTE Registered Agent's gnature re	equired when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	BIN COMON	☐ DELETE	1.1 TITLE		L. Change □ Addition
NAME STREET ADDRESS	5 1 4 5 2 R W	TERR.	1.2 NAME 1.3 STREET ADDRESS		
CITY-S1-ZIP	T. LAUDERDAL	e PL 33312	1.4 CHY-ST-ZIP		
TITLE DI	V	DELETE	21 TITLE	PART PA	☐ Change ☐ Addition
NAME	ARIV SHAKEL		2 2 NAME		• -
STREET ADDRESS	FI COMMINION	D) AVE	2 3 STREET ADDRESS		
CITY-ST-ZIP	TIAMI BOACH	FL 33139	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		
TITLE		LI DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		ے م
STREET ADORESS			5.3 STREET ADDRESS		101
C(TY-S1-Z)P			5.4 CITY-ST-ZIP	<u> </u>	245 2\ \ \
TITLE		☐ DELETE	6.1 TITLE	-03/11/9801004-	6hange Addition
NAME			6.2 NAME	***150.00	
STREET ADDRESS			6.3 STREET ADDRESS	morning with with	
CITY-ST-ZIP	••••••••••••••••••••••••••••••••••••••		6.4 CHY - ST - 7IP		
indicated on the officer or direct	nis annual report or supplemen	ital annual report is true and a ceiver or trustee empower ed t e	ccurate and that my sion:	in Section 119.07(3)(i), Florida Statutes. I further ature shall have the same legal effect as if made equired by Chapter 607, Florida Statutes; and tha	under oath: that I am an