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

DOCUMENT # P97000072419 (9)

FILED Mar 16 1998 8:00am Secretary of State

HARDIN	G AVENUE CORPORATION				
Principal Place	of Business	Mailing Address		f idettätt ife ihill sköll detti natte gater entri e	BBIG HAIT GADAL MAIA JAH MAN
•		9703 SOUTH DIXIE HIGHWA	Y		
SUITE 3H SUITE 3H				DO NOT WRITE IN TH	IS SPACE
MIAMI FL 3315	56	MIAMI FL 33156		3. Date Incorporated or Qualified	
ĺ				08/21/1997	ľ
		2a. Mailing Address		4. FFI Number	Applied For
· ·	ace of Business	26		A. FEI Number APPLILO FOR	Not Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
—	π, σ ιο.	27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	Decisioned Agent	0]	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
	A Name and Address of Current	Hegistered Agent	81 Name		en ustain,
AMEMILAWYER CHARIEREU MARTINE				HATHEW A. CONDUNY	
343 ALMENIA AVENUE			82 Street	Address (P.O. Box Number is Not Acceptable)	
00	PRAL GABLES FL 33134		83	_	
1		F		SUITE 10F	
	•		84 City	MIAMI F	85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named		e of changing its registered
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. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes.					
1 ATT WE AT 1 D. IT HANDED IN CONTINUE TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
SIGNATURE	Signature, typed or printed have of registered ages		Registered Agent signature		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	CONNOLLY, MATTHEW A	ļ	1.2 NAME)
STREET ADDRESS	9703 SOUTH DIXIE HIGHWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY - ST - ZIP		
TITLE	\$TD	☐ DELETE	2.1 TITLE		Change Addition
NAME	COVE, STUART		2.2 NAME		
STREET ADDRESS	9703 SOUTH DIXIE HIGHWAY		2.3 STREET ADDRESS		Į
CITY-ST-ZIP	MIAMI FL 33156		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 HIFLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		∐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			5.1 TITLE		
NAME STOREY ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETÉ	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		Decem	6.2 NAME		CT O. W. Bo CT AMBRIGHT
STREET ADDRESS			6.3 STREET ADDRESS		
Į .				*	
City-ST-ZiP	ertify that the information supplied with	h this filing does not qualify for t	6.4 CITY-ST-ZIP	d in Section 119.07(3)(i). Florida Statutes, I further	certify that the information

4. 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.

WIGNIATURE.

Mary A Carl

MATTHEW COUNTRY

2/11/81

305-670-5240