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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Feb 11 1998 8:00am Secretary of State

| | 1998 | DIVISION | I OF CORPO | RATIONS | Secretar | y of State |
|---|---|-----------------------------|------------------|-----------------------|---|-------------------------------|
| I | IMENT # P9700 ALL ENTERPRISES, INC. | 0077398 (| O) | | | |
| Principal Plac | ce of Business | Mailing Address | | | | |
| · | | | | | | |
| 8440 S.W. 179TH ST. 8440 S.W. 179TH ST. MIAMI FL 33157 MIAMI FL 33157 | | | 11. | | | |
| | | | | | DO NOT WRITE IN T | HIS SPACE |
| | | | | | 3. Date Incorporated or Qualified | |
| 9 Principal I | Place of Business | 2a. Mailing Address | | | 09/08/1997 4. FEI Number | |
| 21 | Tace of Eddiness | 26 | • | | 4. FEI Number | Applied For Not Applicable |
| | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | \$8.75 Additional |
| 27 | | 27 | | | 5. Certificate of Status Desired | Fee Required |
| City & Sta | le | City & State | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zιρ | <u> </u> | untry | 8. This corporation owes or has paid the | |
| 24 | 25 9, Name and Address of Curre | nt Registered Agent | 30 | T | Personal Property Tax due June 30. 10. Name and Address of New Registe | Yes No none |
| W | ASSALL, RICHARD | | | 81 Name | TO. THE BITC ACCIDES OF NEW TOPISTO | ieu Ageitt |
| | 40 S.W. 179TH ST. | | | 00 01 11 | 10000 | |
| MIAMI FL 33157 | | | | 82 Street Ad | idress (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | | |
| | | | | 84 City | | 7-0-4- |
| | | | | " | | 85 Zip Code |
| 11. Pursuant office or a | to the provisions of Sections 607.05; registered agent, or both, in the State | 02 and 607.1508, Florida S | Statutes, the a | bove-named co | orporation submits this statement for the purporation's board of directors. I hereby accept the | se of changing its registered |
| agent. I a | am familiar with, and accept the oblig | jations of, Section 607.050 | 5, Florida Sta | tutes. | allors board of directors. Thereby accept the | appointment as registered |
| SIGNATURE | Signature, typod or printed name of registered ag | | | | | |
| 12. | | ID DIRECTORS | (NOTE: Hog store | d Agen; signature req | puired when reinstating) DA' ADDITIONS/CHANGES TO OFFICERS | |
| TITLE | PD | ☐ DELET | | TLE | 7.5577677676774762676 677762775 | Change Addition |
| NAME | WASSALL, RICHARD | | 1.2 N | AME | | - ' - |
| STREET ADDRESS | 8440 S.W. 179TH ST. | | 1.3 \$ | TREET ADDRESS | | { |
| CITY-ST-ZIP | MIAMI FL 33157 | | 1.4 C | ITY-ST-ZIP | | |
| TITLE | T | DELET | 2.1 T | TLE | | ☐ Change ☐ Addition C |
| NAME - | WASSALL, CHRISTINE M | | 2.2 N | AME | | |
| STREET ADDRESS | 8440 S.W. 179TH ST. | | | TREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33157 | DELETE | | ITY-ST-ZIP | | |
| NAME | \$ Wassall, Michelle G | | | ļ | | ☐ Change ☐ Addition |
| STREET ADDRESS | 8440 S.W. 179TH ST. | | 32 N | rreet address | | |
| CITY-ST-ZIP | MIAMI FL 33157 | | | ITY-ST-ZIP | | |
| TITLE | | DELETE | | | | Change Addition |
| NAME | | | 4.2 N | AME | | _ , |
| STREET ADDRESS | | | 4.3 S | REET ADDRESS | | |
| CITY-ST-ZIP | | | | TY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TI | TLF | | Change Addition |
| NAME | | | 5.2 N/ | AME | | |
| STREET ADDRESS | | | 5 3 \$1 | REET ADDRESS | | |
| CITY-ST-ZIP | | DELETE | | TY-ST-ZIP | | |
| TITLE | | ויין הברבוך | | | | Change Addition |
| NAME Street address | | | 6.2 N/ | | | |
| CITY-ST-ZIP | | | | RÉET ADDRESS | | |
| dit-SI-ZIP | and Calcus At a second | M. di Eli | ■ 6.4 CI | TY-ST-ZIP | | |

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 truetee 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 appear of the corporation of the receiver of the recei