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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000080089 (0)

FILED Feb 03 1998 8:00am Secretary of State

DEBORAH SALAND, INC.					•		
						. 	
Principal Plac	e of Business	Mailing Address				.	
•							
19501 NE 10TH AVE STE. 305 19501 NE 10TH AVE STE N. MIAMI BEACH FL 33179 N. MIAMI BEACH FL 3317				i			
				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified		
2 Principal P	lace of Business	2a. Mailing Address			09/15/1997 4. FEI Number		6!:_d E_:
21 26				4. FEI NUMBER	 	pplied For Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						- ¢9.75	Additional
22				5. Certificate of Status Desired		Required	
City & State City & State				6. Election Campaign Financing	\$5.00	0 May Be	
23 28					Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	<i>!</i>	8. This corporation owes or has p		
24	9. Name and Address of Currer	29	30		Personal Property Tax due Juni		▼ No
		ir vadistalan wasiir	81	Name	10. Name and Address of New R	agistered Agent	
SALAND, DEBORAH							
19501 NE 10TH AVE., STE. 305 N. MIAMI BEACH FL 33179			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)	
14.	MIAMI DENOTI FE 33178		63	-			
			84	City		FL B5 Zip	Code
 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 auth 				e-named corp	poration submits this statement for the	purpose of changing	its registered
agent. La	egistered agent, of both, in the State m familiar with, and accept the oblig	of Florida. Such change was a ations of, Section 607.0505, Fic	authorized by orida Statute:	y the corpora: s.	fion's board of directors. I hereby acce	pt the appointment a	s registered
SIGNATURE							
	Signature, typed or printed name of registered agr			ent signature requi	red when reinstating)	DATE	
12.	OFFICERS AN	D DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	
NAME	SALAND, DEBORAH	L_J DECEN	1.2 NAME			onenge	
STREET ADDRESS 19501 NE 10TH AVE., STE. 305			1.3 STREET	ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	.00	1.4 CITY - S				
TITLE			2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP			2.4 CITY-5	SY-ZIP			
TITLE		DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP		DELETE	3.4. CITY - S	ST-ZIP		Change	Addition
TITLE NAME		☐ nereit	4.1 TITLE 4.2 NAME			Change	
STREET ADDRESS				*DODECC			
CITY-ST-ZIP			4.3 STREET 4.4 CHTY - S				
TITLE	-	☐ DELETE	5.1 TITLE	1 - 24		Change	☐ Addition
NAME		_ -	5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-S				
TITLÉ		DFLETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T-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 chapter or on an attagraphent with an address.