## 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

## **FILED** May 01 1998 8:00am Secretary of State

1. Corporatio	CEPTS SOLUTIONS FOR WA		•		
Principal Plac		Mailing Address			1 19111 41141 11014 18111 1441 1441
1 100 SE SEC MIAMIFL 3	COND ST 35 FL	100 SE SECOND ST 35 MIAMI FL 33131	FL	}	
MINMITLS	3131	MIAMI LE 23121		DO NOT WRITE IN THI	S SPACE
				3. Date Incorporated or Qualified	
				09/29/1997	
	2. Principal Place of Business 2a. Mailing Address		01	4. FEI Number	Applied For
21	1 26 7.0.80x 72  Suite Apt #, etc. Suite Apt #, etc.		-8	65-0806989	Not Applicable
<del>                                     </del>			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
27     27				& Floation Compains Financing	
23			14	<b>6.</b> Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip _	Country	8. This corporation owes or has paid the o	
24	25	29 11501	30 Nassan	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New Registers	d Agent
BERMAN WOLFE & RENNERT PA 81 Name					
100 SE SECOND ST 35 FL MIAMI FL 33131			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
1			83		
			84 City		85 Zip Code
44.5		1007 4500 Ft : 1 At 1		F	_
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 a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statutes.	•	
SIGNATURE	Signature, typed or printed name of registered age	ast sact til cid proglestida (NOT	Registered Agent signature require	ed when reinstaling) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	24.0.40.10	DELETE	1.1 TITLE		Change Addition
NAME	Rothstein, Herray		1.2 NAME		
STREET ADDRESS	190 SE 2H Street ?	38th Floor	1.3 STREET ADDRESS		
CITY-ST-ZIP	Miami FL 3313	5.1	1.4 CITY-ST-ZIP		
TITLE D	_	L_) DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Northern H. Poor, Sr.		2.2 NAME		
STREET ADDRESS		in	2.3 STREET ADDRESS		
CITY-ST-ZIP	Mimi FL 33131		2. 4 CITY - ST - ZIP		
TITLE D		DELETE	3.1 TITLE		Change Addition
NAME	Sandra Lagattuta 1005 E 2nd St. 38h	c	3.2 NAME		
STREET ADDRESS	100 s = 2m St. 38h	reave.	3.3 STREET ADDRESS		
CITY-ST-ZIP	Kiami, F-33131	T on ever	3 4. CiTY+ST-ZiP		Change Labert
TITLE		L.) DELETE	4 1 TITLE		Change Addition
NAME			4 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 City - ST - ZiP 5.1 TITLE		Change Addition
NAME		butter	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		)
TITLE	·	DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	//		6.4 CITY - ST - ZIP		
14. I hereby o	certify that the information supplies	In this filing does not qualify fo	r the exemption stated in t	Section 119.07(3)(i), Florida Statutes. I further	certify that the information
officer or	on this annual report of supprepred to	u armual report is true and acc siver or trustee ampowered to a	urate and inat my signatur execute this report as requ	e shall have the same legal effect as if made gired by Chapter 607. Florida Statutes; and that	under datn; that I am an

Block 12 or Block 13 if changed, or

**SIGNATURE:** 

516-741-7965