COF	PROFIT RPORATION JAL REPORT 1998	IG FEE AFTER	R MAY 1ST IS \$550.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED Jan 30 1998 8:00ar Secretary of State
DOCUI 1. Corporation CITEP,		97000086	6068 (8))		
407 LINCOLN SUITE 704	Acipal Place of Business Mailing Address 17 UNCOLN ROAD 407 LINCOLN ROAD UTE 704 SUITE 704 IAMI FL 33140 MIAMI FL 33140					DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 10/06/1997
2. Principal Pl	ACO OF BUSINESS	SUITE 704 28. W	407 LINCOLL	Roya	SUITE TO	4. FEI Number Applied For
Sulte, Apt.		s s	WINANT BEA	<u>CH 01</u>	· > 5 154	5. Certificate of Status Desired
City & State)	<u>⊢</u>	ity & State	<u></u>		8. Election Campaign Financing \$5.00 May Be
3 Zip	Count	ry Z	ip	Cou	untry	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
.4	25 9 Name and Addr	29 ess of Current Register	ed Agent	30	T <u></u>	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	RC BIRNBAUM, P.A.				81 Name	
	101 B iscayne Blve Te 4 00)			82 Street Ad	dress (P.O. Box Number is Nol Acceptable)
	MI FL 33180				83	
					84 City	EI 65 Zip Code
11. Pursuant to office or re agent. Lar SIGNATURE	o the provisions of Sec egistered agent, or bot n familiar with, and ac	ctions 607.0502 and 607. h, in the State of Florida cept the obligations of, S	1508, Florida Statu Such change was ection 607.0505, F	itos, the a authorize lorida Stai	bove-named co d by the corpor lutes.	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
		te of registurud agent and title if ap		IE Registere	d Agent signature req	ured when reinstalling) (0/11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME	d Ciment, Norma		DELETE	1.1 TI		
STREET ADDRESS	407 LINCOLN RO MIAMI BEACH FL	AD STE 407			REET ADDRESS	
TITLE	D		DELETE	2.171	TY-ST-ZIP	🗋 Change 🔲 Addition
NAME STREET ADDRESS	4830 PINETREE L			2.2 N/	NE REET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL				ITY-ST-ZIP	
TITLE			DELETE	3 1 TF 3 2 N/	·	Change Addition
STREET ADDRESS					REET ADDRESS	
CITY-ST-ZIP TITLE			DELETE	3.4. C 4.1 TI	TY-ST-ZIP	Change Addition
NAME				4. 2 N		
STREET ADDRESS					REET ADDRESS	
CITY - ST - ZIP TITLE			DELETE	4.4 CI 5.1 TI	TY-ST-ZIP LE	Change Addition
NAME				5.2 NA	ME	
STREET ADDRESS					REET ADDRESS	
TITLE			DELETE	5.4 CI 6.1 TI	IY-ST-ZIP LE	Change 🛄 Addition
NAME				6.2 NA	- I	
STREET ADDRESS CITY-ST-ZIP					REE1 ADORESS	
 I hereby ce indicated o officer or d 	n this annual report of lirector of the corporati	n supplied with this filing supplemental annual rej on or the receiver or trus or on an attachment with	port is true and acc tee empowered to	or the eve	motion stated in	n Section 119.07(3)(i), Florida Statutes. I further certify that the information ure shall have the same legal effect as if made under oath; that I am an quired by Chapter 607, Florida Statutes; and that my name appears in