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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97

P97000094230 (4)

JOSH	HPAUL RICKNAMARK, INC.			
Principal Place of Business Mailing Address				
1745 NORTHWEST 185TH TERRACE 1745 NORTHWEST 185TH MIAMI FL 33056 MIAMI FL 33056			5TH TERRACE	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified
				11/04/1997
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		EIN 65-0792022 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27]		Fee Required
City & Stat	e	City & State		8. Election Campaign Financing \$5.00 May Be
23 . Zip	Country	28 Zip	Country	Trust Fund Contribution Added to Fees
24	25	29	30	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Curren		[30]	10. Name and Address of New Registered Agent
	MERILAWYER	9 - · · · · 9 - · · ·	81 Name	
042 ATACDIA AVENUE				Address (D.O. Davik) mbasia Nat App. 1-1-1-1
CORAL GABLES FL 33134			B2 Street	Address (P.O. Box Number is Not Acceptable)
•			83	
			20	
			84 City	FL 85 Zip Code
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obligation of the obligation	ations of, Section 607.0505, FI	authorized by the corplorida Statutes. IE Registered Agent signature	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
12,	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Change Addition
NAME	MOODIE, RICARDO A SR.		1.2 NAME	
STREET ADDRESS	1745 NORTHWEST 185TH 1	TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056		1.4 CITY - ST - ZIP	
TITLE	SD	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MOODIE, PAULINE V		2.2 NAME	
STREET ADDRESS	1745 NORTHWEST 185TH 1	TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056		2. 4 CITY-ST-ZIP	
TITLE	TD	☐ DEL ete	31 THTLE	Change Addition
NAME	MOODIE, NADINE A	TENDA OF	3.2 NAME	
STREET ADDRESS	1745 NORTHWEST 185TH	IERRACE	. 3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	T profite	3.4. CITY-ST-ZIP	D Obrasil C Liday
TITLE		☐ DELETE	4.1 TITLE	Change L. Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	4.4 City-St-ZIP 5.1 Title	Change Addition
			_	La change La rounion
NAME CYPET ADDRESS			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
NAME		C Dittil	6.2 NAME	C Cuange C Addition
STREET ADDRESS			6.3 STREET ADDRESS	
CITY et 210			6.3 STREET ADDRESS	

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 suppliemental 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 changes, or on an attachment with an address.