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

P97000097011 (5)

Principal Place of Business

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 15 1998 8:00am Secretary of State

Principal Place of B 9701 BISCAYNE BL MIAMI FL 33138		Mailing Address 9701 BISCAYNE BLVD. MIAMI FL 33138		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/10/1997	
2. Principal Place o		2a. Mailing Address		4. FEI Number Applied	For
21 5950 W	CAKIAND PK.	10 28 5950 W. OA	Klanbok. Blud	65-0795406 Not App	
Suite, Apt. #, etc		Suite, Apt. #, etc.	_	Certificate of Status Desired Sa.75 Addition Fee Required	
22 <i>SFE 30</i> City & State	<u> </u>	27 <i>STE</i> 300	<u> </u>		
	ERUALE, FL	28 Ft. LAUDER	pale. FL	6. Election Campaign Financing \$5.00 May I Trust Fund Contribution Added to Fee	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangib	
24 <i>3331 3</i>	25	29 333/3	30	Personal Property Tax due June 30. Yes No	
	Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent	
	EIN, JOEL		81 Name		
	SCAYNE BLVD.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAMI F	L 33138			······································	
			83		
			84 City	FL 85 Zip Code	
SIGNATURE	re, typed or printed name of registered ag	gations of, Section 607.0505, gent and little if applicable (N ND DIRECTORS	OTE: Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12
TITLE		DELETE	1.1 TITLE	RESIDENT Change	Addition
NAME			1.2 NAME	mothy B. Ruga iENO	
STREET ADDRESS			1.3 STREET ADDRESS	150 Ow. OAGOLAND PK. BIVD	
CITY-ST-ZIP	****		1.4 CITY-ST-ZIP	LAUDERDAIL FL 33313	
TITLE		TT DETELE	2.1 TITLE	Change L	Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP		Addition
TITLE		☐ DELETE	3.1 TITLE	Change L	MUUIDIO
NAME CIRCLI ADODESS			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	☐ Change ☐	Addition
NAME		- V	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change	Addition
NAME			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			■ i		
			6.2 NAME		
STREET ADDRESS			6.2 NAME 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 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 charged, or on an attachment with an address.

SIGNATURE:

4-15-98

(954)717-1995