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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED Aug 28 1998 8:00am Secretary of State

,	1998	7./	CORPORATIONS	Secretary 0	1 State
	MENT # P9700	00097168 (3)			
					JJJ. (8884) (1818 B)(81 JJJ) (88)
Principal Place	e of Business	Mailing Address			441 (895) (7815 8118) 1011 1891
321 JOHNSO HOLLYWOOD		321 JOHNSON STREET HOLLYWOOD FL 33309			
TOLETHOUS IS SOON				DO NOT WRITE IN THIS	SPACE
				3. Date incorporated or Qualified 11/14/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 0800129	Applied For
Suite, Apt.	# pic	Suite, Apt. #, etc.		ſ	Not Applicable \$8.75 Additional
22	π ₁ Θ (<i>O</i> .	27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	7ip	Country	Trust Fund Contribution 8. This corporation owes or has paid the cu	Added to Fees
24	25	29	30	· 1	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Agent
	MERILAWYER		81 Name	KEITY DEKMAK	
343 ALMERIA AVENUE CORAL GABLES FL 33134			82 Street Add	dress (P.O. Box Number is Not Acceptable)	TEET
			83	301 337105 500 61	-000)
			84 City		85 Zip Code
				10UTWOOD, FL	33319
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. 1 a	m tamiliar with, and accept the oblic	gations of, Section 607.0505, Flo	orida Statutes.		}
SIGNATURE	Stonature, typod or minted name of regist-red ag	pont and the II applicable. (NOT	E Registered Agent signature requ	ired when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PSTD DEVMAN MEITY	DELETE	1.1 TIBLE		Change Addition
NAME	DEKMAK, KEITY 321 JOHNSON STREET		1.2 NAME		
STREET ADDRESS	HOLLYWOOD FL 33309		1.3 STREET ADDRESS		4
CITY-ST-ZIP TITLE		DELETE	14 CITY-ST-ZIP		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-S1-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 1ITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		1
City-St-ZiP Title		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			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 TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME		□ «cecit	6.2 NAME	100002630 0 0	01 30.0
STREET ADDRESS			6.3 STREET ADDRESS	-09/01/9801038 01	$10 \int_{\alpha} \mathcal{V}$
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	ס
14. Thereby C	ertify that the information supplied v	with this filing does not qualify fo	or the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further co	ertify 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 oalh; 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 changed, or on an attachment with an address.

SIGNATURE: