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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA ÚEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Comoration Name

Principal Place of Business	Mailing Address	·		
8890 CORAL WAY 220 MIAMI FL 33165	8890 CORAL WAY STE 220 Miami FK 33165		DO NOT WRITE IN TI	HIS SPACE
US -	US		Date Incorporated or Qualified 12/01/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
M	26		65-0817033	Not Applical
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Coun 24 25	try Zip 29 30	Country	This corporation owes the current year Personal Property Tax.	Intangible ☑ Yes ☐ No
9. Name and Address of Current Registered Agent			10. Name and Address of New Register	ed Agent
DILLEY, C 8890 CORAL WAY STE 220 M!AMI FL 33165		81 Name 82 Streel Addr 83 STe	Oxbert Weller ress (P.O. Box Number is Not Acceptable) OCOX 31 WXXXX OCOX 31 WXXXX	
المشكد المتعدد			iam: FC 33169 oration submits this statement for the purpose	85 Zip Code

SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE 1.1 TITLE TITLE Dilley, C 6901 Edgewater Or. DILLEY, C 1.2 NAME NAME 7790 SW 144TH ST 1.3 STREET ADDRESS STREET ADDRESS Coral Gables, Fl MIAMI FL: 33.15 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addir DELETE 21 TITLE TITLE Mitchell , L MITCHELL L 22 NAME NAME Palmatto 85980 CORAL WAY, 220 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL' 33165 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Addit TITLE 3.1 TITLE Horwich, F HORNICH. F 32 NAME NAME 5t. \$ 100 800 5. Jackson 8490 CORAL WAY, 220 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33165 3.4. CITY-ST-ZIP CITY-ST-ZIP Addi Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 6929 Kenfin.Or. STREET ADDRESS 4.3 STREET ADDRESS Church. VA 22042 4.4 CITY-ST-789 CITY-ST-ZIP ☐ DELETE 5.1 TITLE TITLE Weller 5.2 NAME NAME , Dokores Ln. 5.3 STREET ADDRESS 4504 STREET ADDRESS <u>કે કેંદ</u> હૈઉક લંજે 54 CITY-ST-ZIP CITY-ST-ZP/::15 ☐ Addil □ DELETE &1 TITLE TITLE ्रमान्त्र ५४: 6.2 NAME 70000 NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, Nurther certify that the information indicated on this annual report or supplimental 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 of the co ittachment with an address, with all other like empowered.