Bit     Bit <th>PR CORPO ANNUAI</th> <th>ROFIT ORATION L REPORT</th> <th></th> <th>FLORIDA DEPART Kathering Secretary DIVISION OF CO</th> <th>MENT Harr</th> <th>OF STATE</th> <th>Apr 22, 1 Secreta</th> <th>LED 999 8:0 ry of Sta 0139 006 ***150</th> <th></th>	PR CORPO ANNUAI	ROFIT ORATION L REPORT		FLORIDA DEPART Kathering Secretary DIVISION OF CO	MENT Harr	OF STATE	Apr 22, 1 Secreta	LED 999 8:0 ry of Sta 0139 006 ***150	
Integral Place of Business     Maling Address       200 NOT WRITE IN THIS SPACE     200 NOT WRITE IN THIS SPACE       State Apil, 4, etc.     20 NOT WRITE IN THIS SPACE       State Apil, 4, etc.     20 NOT WRITE IN THIS SPACE       State Apil, 4, etc.     20 NOT WRITE IN THIS SPACE       State Apil, 4, etc.     20 NOT WRITE IN THIS SPACE       State Apil, 4, etc.     5 Use Apil, 4, etc.       State Apil, 4, etc.     5 Use Apil, 4, etc.       State Apil, 4, etc.     5 Use Apil, 4, etc.       State Apil, 4, etc.     5 Use Apil, 4, etc.       State Apil, 4, etc.     5 Use Apil, 4, etc.       State Apil, 4, etc.     5 Use Apil, 4, etc.       State Apil, 4, etc.     5 Use Apil, 4, etc.       State Apil, 4, etc.     5 Use Apil, 4, etc.       Apple Country     2p       Country     2p       Apple Country     2p       Apple Country     2p       NARKES, RUTH     2p       State Apil, 4, etc.     2p       NORTH MIAMI BEACH FL 33179     2p       Value Apil, 4, etc.     2p       State Apil, 4, etc.     2p       State Apil, 4, etc.     2p       State Apil, 4, etc.     2p       NORTH MIAMI BEACH FL 33179     2p       Value Apil, 4, etc.     2p       City     2p	I. Corporation Na	lame	8000054	521					
NORTH MAME BEACH FL 33179       NORTH MAME BEACH FL 33179       Do NOT WRITE IN THIS SPACE         Principal Place of Business       2a       Maling Address       4. FEI Number       Applied For         Suite. Apl. #, etc.       30       Suite. Apl. #, etc.       30. Applied For       Applied For         Coly & State       Coly & State       6. Centriculo of Status Desired       SS.05 Additional       For Applied Centro       Address       Applied For         Coly & State       Coly & State       6. CentroLine of Status Desired       SS.00 May 56       Nort Applicable         Zop       Country       Zip       Country       8. Decison Campage Financerg       SS.00 May 56       Nort Applicable         2x0       Country       Zip       Country       8. The comportation or water Improvement and Property Tax.       Particular Structure       Address of Now Registered Agent         3x001 NEL 21ST AVE.       NORTH MIAMI BEACH FL 33179       State Address of Now Registered Agent       10. Name and Address of Now Registered Agent         3x002 NEL 21ST AVE.       State Address of Now Registered Agent       10. Name and Address of Now Registered Agent       10. Name and Address of Now Registered Agent         3x002 NEL 21ST AVE.       NORTH MIAMI BEACH FL 33179       10. Name and Address of Now Registered Agent       10. Name and Address of Now Registered Agent         1x12	Principal Place of	f Business	Mai	ling Address				I MUSIC ADIOL DISIC ALOUI DICCO	I H <b>CO</b> T HIDI H <b>D</b> I
Detain April 2007 WRTE IN THIS SPACE      Data Incorported of Qualities      2a, Mailing Address     4, FEI August     Corport Address     2a, Mailing Address     4, FEI August     Corport Address     Corport	•				79				
Principal Place of Business         2Mailing Address         4FE/DMPM         Applied For           State, Apt. #, etc.         Suile, Apt. #,	ONTO MIANG DEA	· • • • • • • •						E IN THIS SPACE	
Principal Place of Business       2a, Mailing Address       4. Et Nywhor       Applied For         Suits, Apt. #, etc.       2a)       Suits, Apt. #, etc.       5. Suits, Apt. #, etc. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1 •··</td> <td></td> <td></td>							1 •··		
Suite, Apt. #, etc.       20       Suite, Apt. #, etc.       Scriffcate of Situs Desired       \$8,75 Actional Fee Required         City & State       City & State       Scriffcate of Situs Desired       \$8,00 Mm y Be Added to Fees         Zip       Country       Zip       Country       This to provide the current year Intancing Presonal Property Tax.       Added to Fees         Joint P       Attem and Address of Current Registered Agent       10. Name and Address of New Registered Agent       Attem and Address of New Registered Agent         NARKES, RUTH 20021 NE 2 IST AVE. NORTH MIAM BEACH FL 33179       81       Street Address (P.O. Box Number is Net Acceptable)         82       Street Address (P.O. Box Number is Net Acceptable)       82       Street Address (P.O. Box Number is Net Acceptable)         93       Street Address (P.O. Box Number is Net Acceptable)       83       Street Address (P.O. Box Number is Net Acceptable)         94       City       FL       85       Zip Code         1       Pursuant to the provisions of Section Stort Code, Florida Statutes, the advoernamed corporation stort of decators. I hereby accept the provision of changing its registered agent. or toch, in the State of Floride, Start change was authorized by the corporation stort of decators. I hereby accept the approximate as registered agent. Or Coding the codigitions of Section State of Sta	Principal Place	e of Business	2a.	Mailing Address			4. FEI Number		
ZI       S. Certification Status Deared       Fee Required         Chy & State       Chy & State       S. Election Campeign Financing       Addet to Fees         Zip       Country       Zip       Country       S. Deared Property Tax.       Addet to Fees         Zip       Zip       Country       Zip       Country       S. This corporation ones the current year intancets         9. Name and Address of Current Registared Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         NARKES, RUTH       2021 NE       2151 AVE.       Fill       Name         2021 NE       2151 AVE.       Fill       Name and Address of New Registered Agent       Fill         1. Pursuent to the provisions of Sections 507 0502 and 607 r5502. Floridal Statuses.       Field City       Fill       Fill         2. OFFICERS AND DIRECTORS       Sichendary Status       Field Status       Field Status         Convirus       Size of OFFICERS AND DIRECTORS       13.       ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12.         2. OFFICERS AND DIRECTORS       13.       ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12.       Coarge         2. More Structure       0 OFFICERS AND DIRECTORS IN 12.       DANE       Coarge       Addition         3. Contrestre       0 OFFICERS AND DIRECTORS IN	I Suite Ast # c			Suite Ant # etc			67-01/66/9		
Zip     Country     Zip     Country     Zip     Country     Added to Fees       Zip     Country     Zip     Country     8. This corporation owes the current year intargible     Into a control to owes the current year intargible     Into a control to owes the current year intargible     Into a control to owes the current year intargible       NARKES, RUTH     20021 N.E. 21ST AVE.     82     Street Address (P.O. Box Number is Not Accessbable)       NORTH MAMI BEACH FL 33179     83       4     City     FL     85     Zip Code       4     City     FL     85     Zip Code       5     Street Address (P.O. Box Number is Not Accessbable)     Street Address (P.O. Box Number is Not Accessbable)       6     City     FL     85     Zip Code       6     City     FL     85     Zip Code       7     Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the accessbable is bland of directors. Interetry a	Suite, Api. #, e	aic.		Suite, Apr. #, 610.			5. Certifcate of Status Desired	11 **	
Zip       Country       Zip       Country       8. This corporation owes the current year Intagebia: Personal Property Tax.       Decs	City & State			City & State					· ·
25     29     30     Personal report Tax.     27       9. Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent       NARKES, RUTH     10. Name and Address of New Registered Agent       2021 N.E. 21ST AVE.     NORTH MIAMI BEACH FL 33179       82     Street Address (P.O. Box Number is Not Acceptable)       83     B2       84     City       84     City       83     Street Address (P.O. Box Number is Not Acceptable)       84     City       83     Street Address (P.O. Box Number is Not Acceptable)       84     City       84     City       85     Street Address (P.O. Box Number is Not Acceptable)       86     City       86     City       87     Street Address (P.O. Box Number is Not Acceptable)       88     City       89     City       80     City       80     City       81     Street Address (P.O. Box Number is Not Acceptable)       83     City City       84     City City       83     Street Address (P.O. Box Number is Not Acceptable)       83     City City       84     City City       83     Street Address (P.O. Box Number is Not Acceptable)       84     Difficiti i i i a	3 Zip	Countr		Zip	Cou	ntry			ID FEES
NARKES, RUTH       61       Name         20021 N.E. 21ST AVE.       NORTH MIAMI BEACH FL 33179       62       Street Address (P.O. Box Number is Not Acceptable)         83       84       City       FL       85       Zip Code         1. 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 agent, or tooth, in the State of Florida. Such change was authoracid by the corporation's board of directors. I hereby accept the appointment as registered agent, or tooth, in the State of Florida. Such change was authoracid by the corporation's board of directors. I hereby accept the appointment as registered agent, or tooth, in the State of Florida. Such change was authoracid by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0507, Florida Statutes.         GRATURE       0       DECETE       11 TITLE         2       OFFICERS AND DIRECTORS       13       ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12         2021 N.E. 21ST AVE.       13 SINEET ADDRESS       13 SINEET ADDRESS       23 SINEET ADDRESS         7: 57.2P       21 SINEET ADDRESS       23 SINEET ADDRESS       23 SINEET ADDRESS         7: 57.2P       22 SINEET ADDRESS       33 SINEET ADDRESS       33 SINEET ADDRESS         7: 57.2P       24 CIT: 57.2P       Change       Addition         MERE ADDRESS       51 TITLE	•				0		Personal Property Tax.	Yes	[]No
20021 NE. 21ST AVE NORTH MIAMI BEACH FL 33179 <sup>82</sup> <sup>Street Address (P.O. Box Number is Not Acceptable)         <sup>83</sup> <sup>84</sup> <sup>84</sup> <sup>84</sup> <sup>61</sup> <sup>61</sup> <sup>85</sup> <sup>84</sup> <sup>85</sup> <sup>84</sup> <sup>85</sup> <sup>84</sup> <sup>85</sup> <sup>86</sup> <sup>85</sup> <sup>86</sup> <sup>85</sup> <sup>86</sup> <sup>85</sup> <sup>86</sup> </sup>	ç	9. Name and Addre	ss of Current Regist	ered Agent		81 Name	10. Name and Address of New Ki	egistered Agent	
20021 NE: 213 AVE: NORTH MIAMI BEACH FL 33179       83         84       City       FL       85       2/p Code         1. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named comportation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes.       1 hereby accept the appointment as registered agent. 2 min. The state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. 2 min. The state of min. The state of Florida. Statutes.       Interminent as registered agent. 2 min. The state of florida. Statutes.         2.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         1.       NARKES, RUTH       12 Mare       12 Mare         1.2       DELETE       13 min.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.         1.2       NARKES, RUTH       12 Mare       12 Mare         1.2       12 Mare       12 Mare       12 Mare						82 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)	
For City     FL     S     S     S     S     S     City     S     S     S     S     City     FL     S     S     S     City     S     S     S     City     S     S     S     City     S     S     S     S     City     S			33179					· .	
A 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 agent. an adapt. and adapt. adapt			. como						
office or registered agent, or both, in the State of Florida. Such change Was author/26 by the 20portation's Deard of directors. Thereby accept the dipations of, Section Andrea Statutes.         IGNATURE         Ignamic and mainter with, and accept the obligations of, Section Andrea Statutes.         IQNATURE         INTEL         INTEL         INTRE						84 City		FL <sup>85</sup>	Code
D       DELETE       11 TITLE       Change       Addition         MRE       NARKES, RUTH       12 WWE       13 STREET ADDRESS       14 CITY-ST-2P       Intel	agent. I am fa SIGNATURE	familiar with, and acconnection and acconnection of the second seco	ept the obligations of,	applicable. (NOTE: R	la Statu	ites.	d when reinstating)	DATE	
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REET ADDRESS       43 STREET ADDRESS         TY-ST-ZIP       44 CITY-ST-ZIP         TLE       DELETE         S1 TITLE       51 TITLE         WWE       52 NAME         REET ADDRESS       53 STREET ADDRESS         TY-ST-ZIP       54 CITY-ST-ZIP         TLE       DELETE         S3 STREET ADDRESS       54 CITY-ST-ZIP         TLE       DELETE         ME       54 CITY-ST-ZIP         TLE       DELETE         AME       62 NAME         62 NAME       63 STREET ADDRESS         TY-ST-ZIP       64 CITY-ST-ZIP         4. 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 indicated on this annual report or the creative or trustee and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated by Chapter 607, Florida Statutes; and that my name appears in officer or dimetor of the creative or trustee emowered to execute this report 607, Florida Statutes; and that my name appears in				DELETE	-			Change	Addition.
TY-ST-ZIP       44 CITY-ST-ZIP         TLE       DELETE         Addition         S2 NAME         S2 NAME         S3 STREET ADDRESS         TY-ST-ZIP         DELETE         S4 CITY-ST-ZIP         DELETE         S4 CITY-ST-ZIP         DELETE         S4 CITY-ST-ZIP         Change         Addition         ME         B2 NAME         S4 CITY-ST-ZIP         Change         Addition         G2 NAME         63 STREET ADDRESS         TY-ST-ZIP         4. 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 supplamental 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 officier or director of the creoration of the reference or the reference of the creoration of the reference or the reference of the creoration of the reference or the reference of the creoration of the creoratio	M/F								
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4. 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in	ity-st-zip	• <u>•</u> ••••••••••••••••••••••••••••••••••	an an an an thair an Thair an thair an thai	* . · · ·					(
officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Fionoa Statutes, and that my name appears in	TREET ADDRESS	<u> </u>		****	6.3 ST	REET ADDRESS			
	TTY-ST-ZIP , * * * * * * * * * * * * * * * * * *	tify that the informatic			6.3 ST 6.4 CT he exer	REET ADDRESS			
IGNATURE:	Y-ST-ZIP E KEET ADDRESS Y-ST-ZIP I hereby certi indicated on officer or dire Block 12 or E	tify that the informatic this annual report or ector of the corporatic Block 13 if changed, o	supplemental annual i on of the receiver or tri	report is true and accuration ustee empowered to exe	6.3 ST 6.4 Cf he exer ate and ecute th	REET ADDRESS			ears in