PROFIT_____. CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED May 11, 1999 8:00 am Secretary of State 05-11-1999 90021 046 ***150.00

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t. Corporation	LLI ENTERPRISES, INC.					
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Principal Place	of Business	Mailing Address		t indeilate tin inra i stite nette natur nette nette ti	ESYM MATAS AMATA A	ini n di nt i d é t
322 OBISPO AVE	enue	P.O. BOX 140997				
CORAL GABLES FL 33134 CORAL GABLES FL 33114				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				09/04/1998		
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	<u> </u>	lied For	
ท		26		650862658	\$8.75 A	Applicable
Suite, Apt. #	e, elc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Rec	
City & State		City & State		6. Election Campaign Financing	\$5.00 N	Aay Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year inta	engible	orth No.
24			30	Personal Property Tax. 10. Name and Address of New Registered A		No
	9. Name and Address of Current	t Registered Agent	81 Name		-goin	
AMEF	RLAWYER		CAT	THERINE PAWE LEK Iress (P.O. Box Number is Not Acceptable)		
343 ALMERIA AVENUE			82 Street Add	922 OBISPO AUS		
CORA	AL GABLES FL 33134		83			
			84 City -		85 Zip C	ode
			هي الله	RAL GABLES FL	33	134
11. Pursuant to	distanced agent, or both, in the State	of Florida. Such change was su	thorized by the corporation	poration submits this statement for the purpose of a lon's board of directors. I hereby accept the appoin	tment as reg	istered
office or repart. I am	gistered agent, or both, in the State of familiar with, and accept the obligat	or Florida. Such change was su tions of Section 607.0505, Flor	ida Statutes.	FRING PAWELER L	iment as reg	stered
office or repart. I am	gistered agent, or both, in the State of familiar with, and accept the obligated agent to the property of the company of the c	or Florida. Such change was su tions of Section 607.0505, Flor	ida Statutes	FRING PAWELER L	1/28/9	5 IS IN 12
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office or resident. I am SIGNATURE S	gistered agent, or both, in the State of familiar with, and accept the obligation of registered age. OFFICERS ANI PD VOLAVSEK, FRANK	of Floraga. Such change was authors of Section 607.0505, Flor Conclude the if applicable. (NOTE: D DIRECTORS	Registered Agent signature require 13. 11 ITILE 12 NAME	FEINS PAWELSIK L od when remissions) OATE	1/28/9	5 IS IN 12
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR