## FOR PROFIT CORPORATION

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DOCUN	MENT # 516526			Œ	ILED				
AOLEN   KOSTER PROPERTIES INC.									
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	OO NOT WRITE					La Carta Inc. 9 5 Can 1 1 1 1			
	ace of Business NE 1145F. #403	3. Mailing Address	LESCIE 1	Down	s cra				
Suite, Apt. #, etc.		5285 S.W. 38 Ave. Suite, Apt. #, etc.			100031741811 04/02/040-07078-024-5-35500.00				
City & State	Miami FL	City & State FORT LAUDER	UA LE	FL	65 - 0231458		Applied For Not Applicable		
3318	Country	33312	Country U.S.A		5. Certificate of Status Desire		3.75 Additional e Regulred		
					7. Name and Address of Cur				
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DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE				1800 NE 114 ST. #403					
			א <sup>C</sup>	ONTH	MIAM.	FL	Zip Code		
	named entity submits this statement for	the purpose of changing its	registered offic	e or register	ed agent, or both, in the State	of Florida. I am fam	iliar with, and accept		
ine obligat	ions of registered agent.					٠.			
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent s	oneksa marikad	when reinstation)	DATE			
ја	nuary 1 - May 1 ree is \$450.00		. napoteiau ryak s	Summa indiana					
	After May 1: Fee is \$550.00 To Amended UBR is \$61:29				9. Election Campaig Trust Fund Contrit		\$5.00 May Be Added to Fees		
Section of the sectio	Payable to Florida Department of	CONTRACTOR							
TITLE	OFFICERS AND	DIRECTORS	TILL						
NAME	CHARLES S AOLE	î.A.	NAME	F			en e		
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TITLE	JEFFREY E KOSTE	<del>=</del>	- TILL						
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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP > 3

NAME STREET ADDRESS

INL .

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

 $t_{\rm min}$ 

SIGNATURE: JEFFREY E. SIGNATURE AND TYPED OR PRINTED NAME

## FOR PROFIT CORPORATION

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DOCUM 1. Entity Name	IENT # 516526					·		
AOLE	n / Kosten Propi	enties Inc		7				
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E	O NOT WRITE	IN THIS SH	PACE					
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2. Principal Place of Business 1800 NE 1145F. #403 5385 S.W. 3			38 Ave.					
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	Miami FZ	City & State		16 F	Number - 0231458	Applied For		
Zip	Country	FORT LAUDE			_ \$5	Not Applicable 3.75 Additional		
33181	Country	33312	Country U.S.A		Fe Fe	e Required		
			Name	7. Nam	e and Address of Current Registered A	gent		
	DO NOT W	OITE :	CHARL	ES	AOLER			
	TATAL STREET,		Street Addres	s (P.O. Box	Number is Not Acceptable)			
	AGE	1800	1800 NE 114 ST. #403					
			Cityont			Zip Code		
8. The above of	named entity submits this statement for	the purpose of changing its			it, or both, in the State of Florida. I am fam	illiar with, and accept		
	ons of registered agent.			_				
CIONATURE					, , , , ,			
Markon who comprised the Republic Private	Signature, lyped or printed name of registered agent a	ind title if applicable. (NO	TE: Registered Agent signature requ	ared when reins	stating) DATE			
Jan	uary 1 May 1 Fee is \$150.00 After May 1 Fee is \$550.00		•		9. Election Campaign Financing	\$5.00 May Be		
Make Check	Amended UBR is \$61.25 Payable to Florida Department of	State			Trust Fund Contribution.	Added to Fees		
10.	OFFICERS AND	ORDER MAINTEN						
TITLE	P	•	nng 🏋 📑					
NAME CHARLES S AOLER			NAME STREET ADDRESS			100 mm		
STREET ADDRESS 1800 NE 114 ST. #403 CITY-ST-ZIP NORTH MIAM; FL 33181			City st-2p					
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STREET ADDRESS CITY-ST-ZIR 12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

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THE

NAME ..

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

KOSTER JEFFREY

Daytime Phone #

LESLIE E. DOLIN PA. CPA

232

. 5285 SW 38 AVE. FT, LAUDERDALE, FL 33312

Phone 954-965-4666 Fax: 954-965-4665

March 29, 2004

Division Of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Adler/Koster Properties

Dear Sir or Madam:

Please find enclosed the 2003 & 2004 Annual Report for the above corporation along with a check for \$300 payable to you for the annual filing fees.

On behalf of the above corporation I hereby request that you waive the reinstatement and late filing penalties due to the fact that the mailings for the 2003 were never received by the principal and the corporation was dissolved without his or his partners knowledge. You will note on the Annual Reports filed that the mailing address of the company changed, the principal of the corporation at the old address spends much his time out of the country and had problems receiving all his mail from the postal service. Upon my recent checking of the status of the corporation on the internet I found it had been dissolved and advised the other local owner who hired me to resolve this problem in the best and fairest way possible considering the circumstances. Please note that the corporation is experiencing financial difficulties and the penalties would impose an undue hardship at this time.

The owners and myself appreciate your kindness and consideration in this matter.

Very truly yours,

LESLIE E. DOLIN, CPA