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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$23028

(1)

S A SUPPORT CORP.

FILED
Apr 28 1998 8:00am
Secretary of State

A Hause 4/12/98 (200) 529-1900

	o A GOLLOIII	00(11)										
Princ	ipal Place of Busine		Mailing Add	rose								
	ORAL WAY	000	~	3191 CORAL WAY								
- SUI	TE 405		405	405								
MIAMI FL 33145 US			MIAMI FL 3 US	MIAMI FL 33145				DO NOT WRITE IN THIS SPACE				
US			03					3. Date Incorporated or Qualified 01/04/1991				
2. P	rincipal Place of Bu	sinoss	2a. Mailing A	2a. Mailing Address				4. FEI Number		Applied	For	
21			26	26				65-0257368		Not App	olicable	
Sulte, Apt, #, etc.			-	Suite, Apt #, etc.				5. Certificate of Status Desired		Additio		
City & State			27 City & St.	City & State			·	Station Council of Figure 1		Require		
23	ny & Sidio	├ ─┐ '	28				Election Campaign Financing Trust Fund Contribution		O May led to Fee			
	p Country		Zip			intry		8. This corporation owes or has paid t				
24	25		29		30			Personal Properly Tax due June 30	. Yes	No		
9. Name and Address of Current Registered Agent					D4	10. Name and Address of New Re						
	HAUSER, JA				01	INC	anie					
3191 CORAL WAY SUITE 405							reet Addre	dress (P.O. Box Number is Not Acceptable)				
MIAMI FL 33145												
					84	Ci	tv		85 Zi	p Code		
									<u> </u>	· 		
(office or registered.	agent, or both, in the S	itate of Florida. Such c	hange was au	uthorized by	y the	med corp · corporati	poration submits this statement for the purp tion's board of directors. I hereby accept the	oose of changing he appointment a	į its regi as regis!	stered tered	
'	agent. I am familiar	with, and accept the o	bligations of, Section (607. 0505 , Flor	rida Statute	S .						
SIGN	NATURE Signature, typ.	and or printed name of registere	d agent and tile it applicable.	(NOTE:	Registered Age	ent sig	nature require	red when reinstating)	DATE	·		
12.		OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	ORS IN	12	
TITLE	D			DELETE	1.1 TITLE				Change	a 🔲	Addition	
NAME		ER, JAMES A.			1.2 NAME							
STREE		CORAL WAY #405			1.3 STREET	ADDF	RESS					
CITY-	ST-ZIP MIAM	I FL		Driete	1.4 CITY - S	ST - ZiP	<u> </u>				• alabita -	
TITLE	GOLIE	A, NASSER	L	」 DELETE	2.1 TITLE		1		∐ Chang	ليا ٿ	Addition	
NAME	I	CORAL WAY #405			2 2 NAME 2 3 STREET	. 4000	000					
CITY-	401444				2.4 CRY-5		ļ.					
TITLE	VP			DELETE	3.1 TITLE	31-21			Chang	e 🔲	Addition	
NAME	HAUS	ER, JAMES A			3.2 NAME					_		
STREE	FADDRESS 3191	CORAL WAY #405			3.3 STREET	ADDR	ESS					
CITY-	ST-ZIP MIAM	FL			3.4. CITY - 5	ST-ZIF	,					
TITLE				DELETE	4.1 TITLE				☐ Change	8	Addition	
NAME					4. 2 NAME							
STREE	T ADDRESS				4.3 STREET	ADDF	RESS					
CITY-	ST-ZIP	····		The exe	4.4 CiTY - S	ST - ZIP	<u>' </u>				4.4495	
TITLE	Ì		L	J DELETE	51 TITLE		1		∐ Chang	اللا ا	Addition	
NAME					5.2 NAME							
STREE	T ADORESS				5 3 STREET		1					
TITLE	51-211			DELETE	54 CHY-S 61 TITLE	SI - ZIP			Change	e	Addition	
NAME	i		_	-	6.2 NAME		1			_		
	T ADDRESS				6.3 STREET	ADDR	ESS					
CITY-	1			_	6.4 CITY - S		Į.					
								Section 119.07(3)(i), Florida Statutes, I fun				
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 recover 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 not a succeptable with an address.												