FILE NOW: FILING F PROFIT CORPORATION ANNUAL REPORT 1998		AFTER MAY 1ST IS \$550. FLORIDA DEPARTMENT OF S Bandra B. Mortham Secretary of State DIVISION OF CORPORATIO		i of state Iham ate	FILED May 08 1998 8:00a Secretary of State		
	TH AVENUE	52 (2 Mailing Address 1601 WEST 8TH HALEAH FL 33 US				TE IN THIS SPACE	
					 Date Incorporated or Qualified 02/05/1991 	1	
	ace of Business	2a. Mailing Addre	955		4, FEI Number		Applied For
1 Suite, Apt. #	V, etc.	26] Suite, Apt. #,	otc.		65-0240152 5. Certificate of Status Desired	\$8.75	Not Applicable Additional
2 City & State)	27 City & State			B. Election Campaign Financing	Feel	Required May Be
<u>]</u>		28			Trust Fund Contribution	Addec	to Fees
Zip	25	Ζφ 29	30	ountry	 This corporation owes or has p Personal Property Tax due Jur 	ne 30. 🗌 Yes	ntangible
CH 1	 Name and Address of Curr. VER, SCOTT A. 	ent Registered Agent		81 Name	10. Name and Address of New F	Registered Agent	
CO	io SW 27TH AVE CONUT GROVE FL 33133			83 84 City		FL 85 Zip	D Code
	o the provisions of Sections 607.05	502 and 607,1508, Florid	a Statutes, the	above-named cor	poration submits this statement for the	purpose of changing	its registered
	o the provisions of Sections 607.0 gistered agent, or both, in the Sta n familiar with, and accept the obli	502 and 607,1508, Florid te of Florida. Such chan Igations of, Section 607.0	a Statutes, the be was authoriz 505, Florida St	above-named cor ed by the corpora atutes.	poration submits this statement for the tion's board of directors. I hereby acc	purpose of changing ept the appointment a	its registered s registered
	Signature, typed or printed name of registered a	igont and tile if applicable	(NOTE Registe	red Agent signature requ	kired when reinstating)	DATE	
	Signature, typed or printed name of registered a		(NOTE Registe 13 LETE 1.1 1.2	red Agent signature requ		DATE	0RS IN 12
SIGNATURE 2. ITLE ITREET ADDRESS ITY-ST-ZIP	Signature, typed of printed name of registered a OFFICERS A PST ASHKENAZI, MORDECHAI	ND DIRECTORS	(NOTE Registo 13 LETE 1.1 1.2 1.3 1.4	rod Agent eigneture requ TITLE NAME STREET ADDRESS CITY - ST- ZIP	kired when reinstating)	DATE ICERS AND DIRECTC	DRS IN 12
IGNATURE 3 2. TLE AME IREET ADORESS ITY-ST-ZIP TLE AME IREET ADORESS	Signature. Typed of printed name of registered a OFFICERS A PST ASHKENAZI, MORDECHAI 1790 W 8TH AVE HIALEAH FL D ASHKENAZI, MORDECHAI 1790 W 8TH AVE	ND DIRECTORS	(NOTE Registe 13 LETE 1.1 12 13 1.4 LETE 2.1 22 2.3	rod Agent Bigneture requ TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS	kired when reinstating)		DRS IN 12
IGNATURE 2. TLE MME IREET ADDRESS TY-ST-ZIP TLE MME	Signature, typed of printed name of registered a OFFICERS A PST ASHKENAZI, MORDECHAI 1790 W 8TH AVE HIALEAH FL D ASHKENAZI, MORDECHAI	ND DIRECTORS	(NOTE Registo LETE 1.1 1.2 1.3 1.4 LETE 2.1 2.2 2.3 LETE 3.1 3.2	rod Agent Bigneture requ TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME	kired when reinstating)	DATE ICERS AND DIRECTC	DRS IN 12 Additio
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