## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Montham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT 1. Corporation Name MIAMI DEPO		83	(8)						1811 <b>8</b> 1811 <b>8</b> 18	
Principal Place of Business Mailing Address										
2915 WEST OKEECHOBEE ROAD HIALEAH FL 33012  2915 WEST OKEECHOBEE ROAD HIALEAH FL 33012										
							3. Date Incorporated or Qualified 02/11/1991	l l	of Last R	•
2. Principal Place of Bus	iness	2a. Maitin 26	g Address				4. FET Number 65-0352116			Applied For Not Applicable
Suite, Apt. #, etc.		Suite,	Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional Required
City & State		City & <b>28</b>	State				Election Campaign Financing     Trust Fund Contribution			May Be
Zip 24	Country 25	Zıp <b>29</b>		30 Coul	ntry		8. This corporation has liability for Florida Statutes	intarigible ta <b>X</b> No		
9, Nam	e and Address of Curre	ent Registered	Agent				10. Name and Address of New F	egistered	Agent	
					81	Name				
Tanen, Jeffrey S. Esquire Goldstein & Tanen P.A.					82	Street Add	ress (P.O. Box Number is Not Acceptable)			<u> </u>
2 S. BICAYNE E MIAMI FL 33131	BLVD. SUITE 3250			Į	83					
					84	City		FI	<b>85</b>   Zip	Code
12.	o or printed name of registered agr. OFFICERS A	ND DIRECTORS		13.		signature region	ed when resulting: ADDITIONS/CHANGES TO OFF			
NAME HALS	sey, robert B. West okeechobee		□ DELFTE	1, 1 T I 1,2 NA 1,3 STF	Mξ	ADDRESS		i	] Change	☐ Add±tion
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NAME				3.2 NAI	ME					
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NAME				4.2 NAI	νE					
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STREET ADDRESS				5.3 STR	FET A	ADDRESS				
CITY-ST-ZIP	<del></del>			5.4 CIT	Y-\$1	- ZiP				
TITLE			DELETE	6 1 117	LE	Ī			] Change	Addition
NAME				6.2 NA	AE					
STREET ADDRESS				€3 STR	EET A	DDRESS				
CITY-S1-ZIP				6.4 CH	r - \$1 -	- ZiF				
<ol> <li>I do hereby certify that certify that the information</li> </ol>	t the information supplied	with this filing is	voluntarily furn	nished and d	oes true	not qualify	for the exemption stated in Section 119.0	07(3)(k), Flor	ida Statute	es. 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 or the receiver 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 on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/86

305-889-7003 Daytime Phone •