<u> </u>	E NOW: FILING F	EE AFTER	MAY 1ST I	\$ \$550.00	_ FILE	D
CO	PROFIT RPORATION UAL REPORT		Sandra E	RTMENT OF STATE 3. Mortham Iry of State	Jan 22 1998	
				CORPORATIONS	Secretary	of State
1. Corporation			(2)			or State
LOPAS	H INVESTMENT CORF).				(1514 B787) Bioto B1831 G7877 1881
•	e of Business		g Address		1 (86)(838 58) Mildt MillE 16881 Gift A 811 Biffs A	IMSS WINDIN DENSE NINIT ACOST COMS
POST OFFICE BOX 26323 POST OFFICE BOX 26323 TAMARAC FL 33320 TAMARAC FL 33320				3		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			DO NOT WRITE IN TH	IS SPACE
					 Date Incorporated or Qualified 05/28/1991 	
2. Principal F	lace of Business	2a. Ma	iling Address		4. FEI Number	Applied For
21		26			65-0267600	Not Applicable
Suite, Apt.	#, etc.	27	ite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	<u> </u>	y & State		6. Election Campaign Financing	\$5.00 May Be
2 3 Zip	Country	28 Zip)	Country	Trust Fund Contribution 8. This corporation owes or has paid the	Added to Fees
24	25	29		30	Personal Property Tax due June 30.	☐ Yes ☐ No
	g. Name and Address of		d Agent	Od Name	10. Name and Address of New Registere	d Agent
	HANTZ, SCHATZMAN & C IST UNION FINANCIAL CE			81 Name		•
) S. BISCAYNE BLVD #10			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	AMI FL 33131			83		
				84 City		85 Zip Code
					F	L ' ! '
11. Pursuant office or r	to the provisions of Sections 6 egistered agent, or both, in the	07.0502 and 607.1 e State of Florida, S	508, Florida Statuti Such change was a	es, the above-named or authorized by the corpo	orporation submits this statement for the purpose ration's board of directors, I hereby accept the a	of changing its registered pointment as registered
	m familiar with, and accept the	e obligations of, Se	ction 607.0505, Flo	orida Statutes.		
SIGNATURE	Signature, typed or printed name of regis	tered agent and title if app	licable (NOTI	E. Registered Agent signature re	quired when reinstating) DATE	
12.		RS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME	P EISENBERG, JAY		L DELETE	1.1 TITLE		Change Addition
STREET ADDRESS	5701 N PINE ISLAND R	D #250		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL			1.4 CITY-ST-ZIP		
TITLE	VP		DELETE	2.1 TITLE		Change Addition
NAME	PINCHEVSKY, DAVID			2.2 NAME		
STREET ADDRESS	5701 N PINE ISLAND R	D #250		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TAMARAC FL S		☐ DELETE	2. 4 CITY-ST-ZIP	in ∓şe	- Clobara Clause
NAME	SITKOFF, STEVEN		☐ DECEIE	3.1 TITLE 3.2 NAME		☐ Change ☐ Addition
STREET ADORESS	5701 N PINE ISLAND R	D #250		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMARAC FL			3.4. CITY-ST-ZIP		
TITLE			☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME				4, 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			DESCRIE	5.2 NAME		Grange Addition
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY-ST-ZIP		
TITLE			☐ DELETE	6.1 TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET ADDRESS		

CITY-ST-ZIP

14. 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 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.

954720555

WHATIRE RIZULTER POSEUG

SIGNATURE: