## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90142 015 \*\*\*150.00

•	1999		DIVISION OF C	ORPORAT	IONS	03-10-1999 90142 0	)15 ***150.0	00
DOCUN 1. Corporation	MENT # <b>S71</b>			-			. 81821 81811 21812 21	eri eldir 1251
Principal Place	e of Business	Mailir	ng Address			( ( # # tit	ALAIS BIRLI AIRIS OL	OLF BIOLIS COM
2124 S.W. 60 WAY 2124 S.W. 60 WAY								
MIRAMAR FL 33023 MIRAMAR FL 33023						DO NOT WRITE IN THE	e enace	
US US						DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed		
						08/07/1991		
2. Principal Pl	ace of Business	2a. M	lailing Address			4. FEI Number		olied For
21		26				65-0312685		Applicable
Suite, Apt.	#, etc.	<del> </del>	uite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A Fee Rec	
22								·
City & State	9	<del></del>	City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	28	in	Countr	,	8. This corporation owes the current year li		71 000
24				30	,	Personal Property Tax.		
24	9. Name and Address			301		10. Name and Address of New Registered	d Agent	
	o. Hanie and Hadross	O. Gailer Hogiston		81	Name			
BRITAN & KRAMER, P.A.					0 1	dress (P.O. Box Number is Not Acceptable)		
7700 NORTH KENDALL DRIVE, SUITE 803				82	Street Add	aress (P.O. Box Number is Not Acceptable)		
WAYNE H. RASSNER				83	i			- "
MIAMI FL 33156							; [n=1 7:n 6	
				84	City	FI	L 85 Zip C	ode
11. Pursuant	to the provisions of Section	s 607.0502 and 607.	.1508. Florida Statute	es, the abov	e-named cor	poration submits this statement for the purpose of	of changing its i	registered
office or re	egistered agent, or both, in m familiar with, and accept	the State of Florida	Such change was at	ithorized by	the comorat	tion's board of directors. I hereby accept the appoint	ointment as reg	istered
_	m laminar with, and accept	the obligations of, of	0011011 001 10000, 1 10.		•			{
SIGNATURE	Signature, typed or printed name of r	egistered agent and title if ap	oplicable. (NOTE:	Registered Age	int signature requi	red when reinstating) DATE		
12.	OFF	ICERS AND DIRECT	rors	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	Р		☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	Barnet, Efrain D			1.2 NAME				İ
STREET ADDRESS	20840 SAN SIMEON V			1.3 STREE	TADDRESS			
CITY-ST-ZIP				1.4 CITY-	ST-ZIP			
TITLE	ST		☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	BARNETT, VIOLET			2.2 NAME				<u> </u>
STREET ADDRESS	1131 NW 199 ST.			2.3 STREE	TADDRESS			Ì
CITY-ST-ZIP	MIAMI FL 33169		[F] per ere	2. 4 CITY-	ST-ZIP	<u> </u>	☐ Change	Addition
TITLE			☐ DELETE	3.1 TITLE		•		L Addition
NAME				3.2 NAME			•	
STREET ADDRESS					TADDRESS			
CITY-ST-ZIP			C) perere	3.4. CITY-	ST-ZIP		[ ] Change	Addition
TITLE			☐ DELETE	4.1 TITLE			L. Jindingo	
NAME				4. 2 NAME				
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			☐ DELETE	4.4 CITY- 5.1 TITLE	SI-ZIP		☐ Change	Addition
TITLE			□ pere₃e	5.1 BILE 5.2 NAME				
NAME					ET ADDRESS			}
STREET ADDRESS				5.4 CITY-				. [
CITY-ST-ZIP			□ nei ete	6.4 CHY-	21-77L		Change	☐ Addition

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 of 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 on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS