Cii	E NOW.		 :E act	ED BAAV 40	T 10	¢EE0								
co	PROFIT ORPORATION INUAL REPORT 1998			FLORIDA DEPA Sandra I Secreta		RTMENT OF STATE 3. Mortham ary of State CORPORATIONS			FILED Jan 30 1998 8:00am Secretary of State					
1. Corporati		# \$74 Amson, p.a.	630	(2))					Scorcia		.		
Principal Place of Business Mailing Address 7270 N.W. 12TH ST. 7270 N.W. 12TH ST. SUITE 580 SUITE 580 MIAMI FL 33126 MIAMI FL 33126										DO NOT WRIT				
			<u> </u>							08/20/1991				
2. Principal I	Place of Busin	ess	26	a. Mailing Address					4.	FE! Number				polied For
Suite, Apt	. #, etc.			Suite, Apt. #, etc.					5	65-0283793 Certificate of Status Desired			.75	ot Applicable Additional
City & Sta	ite		27	City & State						Election Campaign Financing				equired May Be
23			28	· · · · · · · · · · · · · · · · · · ·						Trust Fund Contribution				to Fees
Zip 24		Country 25	29		30	Country			8.	This corporation owes or has p Personal Property Tax due Juni		current y		angible No
		and Address of C		istered Agent		81	Name		10.	Name and Address of New R	egistere	d Agent	t	
	ABRAMSON, 7270 N.W. 1:	EDWARD J ESC	1.											
	SUITE 580	zin oi.				82	Street	Addres	ss (P	O. Box Number is Not Accepta	ble)			
	MIAMI FL 33	126				83								
						84	City				F	85	Zip (Code
11. Pursuant office or agent. I a	to the provisi registered ag am familiar wit	ons of Sections 607 ent, or both, in the the th, and accept the o	7.0502 and State of Flo obligations	607.1508, Florida St rida. Such change w of, Section 607.0508	atutes, t as autho , Florida	he above orized by Statutes	named the cor	corpor poration	ration n's b	n submits this statement for the loard of directors. I hereby acce	ourpose pt the ap	of chan-	ging it ent as	s registered registered
	Signature, typed	or printed name of register				jistared Age	nt signature	e required	_		DATE			
12.	l P	OFFICERS	S AND DIRE	ECTORS DELETE		13. 1,1 TITLE		1		ADDITIONS/CHANGES TO OFFI	CERS AI	ND DIRE		S IN 12 Addition
NAME	, ,	ISON, EDWARD			- 1	1.2 NAME							migc	Addition
STREET ADDRESS	I	SW 72ND TERR.				1.3 STREET	ADDRESS							
CITY - ST - ZIP	MIAMI	FL		Det eve		1.4 CITY - S'	f - ZIP							
TITLE NAME				☐ DELETE		2.1 TITLE 2.2 NAME							nange	Addition
STREET ADDRESS					- 1	2.3 STREET	ADDRESS	ļ						
CITY-ST-ZIP						2. 4 CITY - S				<u></u>		_		
TITLE	!			☐ DELETE		3.1 TITLE						☐ CH	ange	Addition
NAME STREET ADDRESS						3.2 NAME 3.3 STREET .	anneree							
CITY - ST - ZIP						3.4. CITY-S]						
TITLE				☐ DELETE		4.1 TITLE						☐ Ch	ange	Addition
NAME						4. 2 NAME								
STREET ADDRESS						4.3 STREET	1							
CITY-ST-ZIP TITLE				☐ DELETE		<u>4.4 City - St</u> 5.1 Title	- AP	ļ				☐ Ch	ange	Addition
NAME				_		5.2 NAME							J-	
STREET ADDRESS						5 3 STREET /	ADDRESS							
CITY-ST-ZIP						5.4 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 of supplemental annual report for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual report for supplemental annual report

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

___ DELETE

TITLE

NAME

STREET ADDRESS

Change Addition