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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$83209

(4)

| 1. Corporation | NATIONAL MANAGEMEN | | (*)). | | | | | | |
|-------------------------------|--|--|--------------------------|----------------------------|---|--|------------------|--|----------------|
| Principal Plac | e of Business | Mailing Addr | ess | | | | | | III EIEII (DDI |
| 10691 SW 8 | 8 ST. | 10691 SW 6 | 18 ST. | | | | | | |
| #210 #210 | | | | | | DO NOT HIDED IN THE ODNOR | | | |
| MIAMI FL 33176 MIAMI FL 33176 | | | 3176 | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified | | | |
| | | | | | | 09/25/1991 | | | |
| 2. Principal F | Place of Business | 2a. Mailing A | ddress | | | 4. FEI Number | | Ι ΙΔ, | plied For |
| 21 | | | 26 | | | 65-0320305 | | F | ot Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt #, etc. | | | | \$ | - | Additional |
| 22 | | 27 | | | | 5. Certificate of Status Desired | 4 | Fee Re | |
| City & Stat | е | City & Sta | City & State | | | 6. Election Campaign Financing | \$ | 5.00 | May Be |
| 23 | | 28 | 4 - 4 | | | Trust Fund Contribution | | | to Fees |
| Zip | Country Zip | | - | Country | | 8. This corporation owes or has paid the current year Intengible | | | |
| 24 | 25 29 29 9. Name and Address of Current Registered Agent | | 30 | | Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent | | | | |
| ^ | · · · · · · · · · · · · · · · · · · · | irrent Registered Age | nt | 81 | Name | 10. Name and Address of New H | egisterea Ager | <u></u> | |
| | CHEINMAN, DAVID M | | | | ryanic | | | | |
| 10691 N. KENDALL DR. | | | | 82 | Street Add | ress (P.O. Box Number is Not Accepte | ible) | | |
| | JITE 210 | | | 83 | | | | | |
| MI | AMI FL 33176 | | | | | | | | |
| | | | | 84 | City | | FL 85 | Zip f | Code |
| 11. Pursuant | to the provisions of Sections 607 | .0502 and 607.1508. FI | orida Statutos | s, the above | e-named corr | poration submits this statement for the | | naina it | s registered |
| office or I | registered agent, or both, in the S | State of Florida, Such of | nange was au | thorized by | the corpora | poration submits this statement for the tion's board of directors. I hereby acce | ept the appointn | ient as | registered |
| | in ianilla win, and accept the c | pulganons of spelion o | 07.0000, Fior | เบส อเสเบเษะ | 5 . | | | | |
| SIGNATURE | Signature, typed or printed name of registers | d agent and title if applicable | (NOTE: | Registered Age | ent signature requi | ired when reinstating) | DATE | | |
| 12. | | AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFI | CERS AND DIR | ECTOR | S IN 12 |
| TITLE | D [_] DELETE | | DELETE | 1 1 TITLE | | | | Change | ☐ Addition |
| NAME | SCHEINMAN, DAVID | | | 1.2 NAME | | | | | |
| STREET ADDRESS | 10691 SW 88 ST. #210 | | | 1.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL | | DE EVE | 1.4 DITY-S | T-ZIP | | | | |
| TITLE | D COOTA COICTINA | L. | DELETE | 2.1 71TLE | | | LJ (| Change | Addition |
| NAME | COSTA, CRISTINA | #a.a | | 2.2 NAME | | | | | |
| STREET ADDRESS | 10691 N. KENDALL DR. (| P 210 | | 2.3 \$1REE1 | | | | | |
| CITY-ST-ZIP TITLE | MIAMI FL 33176 | | DELETE | 2.4 CITY - 9 | S1- ZIP | | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | T Addition |
| NAME | | ↓ _ | DELETE | 3.1 Till6 | 1 | | | Change | ☐ Addition |
| STREET ADDRESS | | | | 3.2 NAME 3.3 STREET | ADDRESS | | | | |
| | | | | 1 | | | | | |
| CITY-ST-ZIP TITLE | | | DELETE | 3.4. CITY - S 4.1 TITLE | 01-71r | | | Change | Addition |
| NAME | | _ | OLC. P. | 4. 2 NAME | | | | nango | Naumon |
| STREET ADDRESS | | | | 4.3 STREET | Annress | | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-S | - 1 | | | | |
| TITLE | | | DELETE | 5.1 TITLE | , 49 | | | Change | Addition |
| NAME | | | | 5.2 NAME | | | | - | |
| STREET ADDRESS | | | | 5.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | | | | 5.4 CITY - S | | | | | |
| TITLE | | | DELFTE | 6.1 TITLE | | | | Change | ☐ Addition |
| NAME | | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | | 6.3 STREET | ADDRESS | | | | - |
| CITY-ST-ZIP | | | | 6.4 CITY - ST | 1 - ZIP | | | | |
| 44 Ibarahu a | - 11 بين مراهم مصيمكما مراه فمراه براهوم | ويراج والمراج والأنابل والأراب والمتراجي المراجع | and account the color of | 44 | | C11 440 07/0W/ El- 11/ | | | |

4. 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 atlactment with an address.

SIGNIATURE: LD and

Duid M Sheinman 1/h

(205)591-NANE

FILED

Jan 20 1998 8:00am

Secretary of State