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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S93208

(4)

MAGRAM, MAGRAM & WALD, P.A.

FILED Jan 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									HI DIDIH IRDA
9700 \$ DIXIE HWY		9700 S DIXIE HWY							
SUITE 900		SUITE 900			DO NOT MORE IN THIS SPACE				
MIAMI FL 33158		MIAMI FL 33156		<u> </u>	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						11/12/1991			
2. Principal I	Place of Business	2a. Mailing Address			- 4	4. FEI Number		JA	oplied For
21		26]				65-0295170		N	lot Applicable
Suite, Apt	. #, 6tc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22		27						— <u>-</u>	Required
City & Sta	ite	City & State			6	6. Election Campaign Financing			May Be
23] Zip	Country	Z(p	Coun	frv	} -	Trust Fund Contribution 8. This corporation owes or has p			to Fees
24	25	29	30	,	"	Personal Property Tax due Jur	-		No
	9. Name and Address of Curren		1201		10	0. Name and Address of New R			
W	ALD, EARL A.		E	1 Name	9		,		· -
97	00 S DIXIE HWY		8	2 Stree	t Address ((P.O. Box Number is Not Accepta	able)		
	JITE 900		L			`			
MI	IAMI FL 33156		8	13					
			Įε	4 City				85 Zip	Code
11 Purcuant	t to the provisions of Sections 607.050;	2 and SO7 1508 Etorida Statu	don the she	nio namo	d corporati	ion submits this statement for the	FL	shanaina	ito rogistarod
office or	registered agent, or both, in the State	of Florida. Such change was	authorized	by the co	rporation's	board of directors. I hereby according	apt the app	ointment as	s registered
•	am familiar with, and accept the obliga	ations of, Section 607.0505, Fi	iorida Statu	ies.					,
SIGNATURE	Signature, typed or printed name of registered age	· · · · · · · · · · · · · · · · · · ·							
	organizate, ripota or prantied name or registered again	nt and title 4 appointing. (NO:	III: Registered A	Agent signatu	re required who	en feinstating)	DATE		
12.	OFFICERS AND		II : Registered /	Agent signatu	re required whi	en reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
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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 eath; 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.

1/21/18

(305)170-4838