SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(8)

FILED Jul 23 1998 8:00am Secretary of State

Principal Place of Business 1435 BRICKETT AVE 600 BY 1 CKell File MIAMI FL 33131 Miami FL 33131 Miami FL 33131			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/19/1991		
2 Principal P	Place of Business () 2a. Mailing Address	1111	4. FEI Number	Applied For	
21 60	10 Brickell 48 26 600 BA	ickell hve.	65-0317112	Not Applicable	
Suite, Apt. #, etc. # 600 Suite, Apt. #, etc. # 600		600	5 Certificate of Status Desired \$	8.75 Additional Fee Required	
City & Stat	MI ANY Flu 28 City & Thy AM	1 The	1	5.00 May Be Added to Fees	
Zip 3	25 US A 29 33/31	Country S.A.	This corporation owes or has paid the current y Personal Property Tax due June 30. Yes	\	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
WASSERMAN, RICHARD W 81 Name					
420 #25	LINCOLN RD	82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)		
	al Beach Fl. 33139	83			
••••		84 City	 [85	Zip Code	
		JO4 City	FL °°	, Zip Cool	
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title (I applicable (NOTE: Registered Agent signature required when reinstailing) DATE					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 12	
TITLE	P DELETE	1.1 TITLE	Z c	Change Addition	
NAME	COHEN, MENAHEM	1.2 NAME	00 Brickall Ave # 600 M/ AM + 60 3313/		
STREET ADDRESS	-1495 DRIOKELL AVE	1.3 STREET ADDRESS 6	100 Bricksey True # 600	<u>'</u>	
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	M/+m/ +to 3313/	<u>'</u>	
TITLE	DELETE	2.1 TITLE		Change Addition	
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2.4 CITY-ST-ZIP		_ 	
TITLE	L_ DELETE	3.1 TITLE 3.2 NAME	د ا	Change	
NAME STREET ADDRESS					
CITY-ST-ZIP		3.3 STREET ADDRESS			
TITLE	DELETE	4.1 TITLE		Change Addition	
NAME	C DELETE	4.2 NAME		was D Modified	
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP		ŀ	
TITLE	DELETE	5.1 TITLE		Change Addition	
NAME		5.2 NAME			
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		6.4 CITY-ST-ZIP	AND OTTOWN Productions of the state of the s		
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 onth; that I am an officer or director of the corporation or the receiver or trustee employered totexecute this report as required by Chapter 807. Florida Statutes: and that my name appears					

in Block 12 or Block 13 if changed, or the an attachment with an address

SIGNATURE: