147

DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. SSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

SECOND NOTICE: CORPORATION N AMOUNT DUE ON OR BEFORE 09/30/98:	
AN AR	
DOCUMENT # V2	184
CIRCLE HOLDINGS,	INC.
Principal Place of Business	

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

98 NOV 30 EM ID: 55

SECRETARY OF STATE

1. Corporati	on Name # \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			TALLAHASSEE, FLORIDA
Alaci	0 1/2 01/11 14/6			
CIRC	e HOLDINGS, INC.			
Principal Plac	ce of Business	Mailing Address	- ^	
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40 Scheckner & Berezin Ch scheckner & Berezin 1500 SAN Remo Ave 1500 SAN Remo Ave CORAL GABLES, 71 33146 CURAL GABLES, 71 33146		DO NOT WRITE IN THIS SPACE		
CORAL GABLES, 71 33/46 CURAL GABLES, 7L 33/46				
	,	0 0 0, (0	-, (-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4/1/02
2. Principal Place of Business % Scheck New 2a. Mailing Address % Scheck New			4. FEI Number Applied For	
	SW 110 TERRACE	26 7201 SW 110 7		65-0420659 Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional
22		27	· · · · · · · · · · · · · · · · · · ·	Fee Required
City & Sta		City & State	•	6. Election Campaign Financing \$5.00 May Be
23 M (A) Zip	Country	28 M/AM/ 70	Country	Trust Fund Contribution Added to Fees
24 33 <i>J</i> 5	, <i>*</i>	<u> </u>	อ <i>บร</i> ีA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24 J.ZI.	9. Name and Address of Current I		0 0 0 1	10. Name and Address of New Registered Agent
The B	ROUTICE HAIL CORPORAT		81 Name	
		1014 34 26 442, 16.		Address (P.O. Box Number is Not Acceptable)
	HAYS ST.4105		3,661	Addition (1.0. Dox 1101) Doc 1101 Doc 1101 Addition
TALLA	bassee, 7L 3230	1	83	
, ,,,,,	ı	•	84 City	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502 a registered agent, or both, in the State of	ind 607.1508, Florida Statutes. Florida, Such change was auth	the above-named o	corporation submits this statement for the purpose of changing its registered pration's board of directors. I hereby accept the appointment as registered
agent. I a	ım familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutés.	
SIGNATURE	Signature, typed or printed name of registered agent a	and the if and leading the	Secietaria de la contrata del contrata del contrata de la contrata del contrata de la contrata de la contrata del contrata de la contrata del contrata del contrata de la contrata del contrata del contrata del contrata de la contrata del contrata del contrata de	required when reinstating) DATE
12.	OFFICERS AND I		Registered Agent signature 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Montal huno Richano J		1.2 NAME	
STREET ADDRESS	elo 331 MADISON AVC		1 3 STREET ADDRESS	
CITY-ST-ZIP	New YORK NY /W/	7	1 4 CITY-ST-ZIP	
TITLE		☐ DELETÉ	2 1 TITLE	Change Addition
NAME			2.2 NAME	M Scheckwen
STREET ADORESS	1		2 3 STREET ADDRESS	7201 SW 110 TERRACE
CITY-ST-ZIP			2 4 CITY-ST-ZIP	MIAMI 7 33182
TITLE		☐ DELETÉ	3 1 TITLE	☐ Change ☐ Addition
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NAME			4, 2 NAME	E change E Addition
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_CITY+ST-ZIP	}		4.4 CITY-ST-ZIP	
TITLE		☐ DELETÉ	51 TITLE	☐ Change ☐ Addition
-NAME			5.2 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6 t TITLE	Change Addition
NAME			5 2 NAME	\ \) (\(\alpha\)(\(\alpha\)
STREET ADDRESS			6.3 STREET ADDRESS	7/1
CITY ST ZIP	portile that the information extends a series	this filling does not available for the	6.4 CITY-ST-ZIP	In Socion 110 07/2/(i) Florida Statutas I forther and the fact that the fact
14. I HEREDY	Certify that the Information Supplied With	ting will aces for degrify lot it	re exemption statec	in Section 119 07(3)(i), Florida Statutes. I further certify that the information

Indicated on this annual report for supplies with this hilling does not quality for the exemption stated in Section 119 U7(3)(t), Horida Statutes. Forther certify that the informatic indicated on this 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 by on all affect, ment with an address.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Martin L Scheckner, CPA

7201 SW 110 Terrace Miami, FL 33156 (305) 710-3911 (305) 668-3550 FAX E-mail fraudcpa@earthlink.net

November 23, 1998

Sandra B. Mortham Secretary of State Florida Department of State Annual Report Filings Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

> In Re: Circle Holdings, Inc. 65-0420659 Annual Report 1998

Dear Ms. Mortham:

Please find enclosed the annual report of Circle Holdings, Inc. as well as a check in the amount of \$150 representing payment on this form. The taxpayer did not file previously as the forms were never received by the taxpayer. The registered agent moved. As a result of the move the address was changed three separate times. Significant amounts of mail were not received including this form.

The taxpayer's owners are non US persons and were not aware that the forms had not been filed. When the registered agent became aware he contacted the State of Florida and requested replacement forms. The person the registered agent spoke with advised that the state would be willing to waive late fees if an explanation was provided. The forms have always been filed timely in the past. The taxpayer would greatly appreciate the State of Florida accepting this check and report and waive any late payment penalties or fees for the extenuating circumstances described.

Sincerely,

Martin L. Scheckner Annual Report 1998