FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam Secretary of State

DIVISION OF CORPORATIONS

1996

V31853

DOCUMENT #
1. Corporation Name

| | G AL NOOR COM | | | | | | | | | | |
|---|--|----------------------|---|----------------------------------|---------------------------------------|--|--|-------------------------------|-------------------------------|------------------------------------|--|
| Principal Place of Business ONE ALHAMBRA CIR SUITE 1400 CORAL GABLES FL 33134 | | | Maing Address ONE ALHAMBRA CIR SUITE 1400 CORAL GABLES FL 33134 | | | 1 1001 A 1000 ING 1010 1010 1010 1010 1010 1010 1010 10 | | | | | |
| - | | | | | | | 3. Date Incorporated or Qualified 04/28/1992 | | ate of Last F 04/28/19 | | |
| 2. Principal Pl. | ace of Business | 2a. 26 | 2a. Mailing Address 26 | | | | 4. FEI Number Applied For Not Applied be Not Applied be Not Applicable | | | | |
| Suite, Apt. #, etc | | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | | |
| Crty & State | | | Orty & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | | |
| Zip 24 | Country 25 | 29 | Zip | Countr | у | | 8. This corporation has liability for | intangible | | | |
| | 9. Name and Address | | | | | | 10. Name and Address of New Registered Ac | | d Agent | | |
| | | | | | 1 1 | Name | | | | | |
| | in, stephen a. Cayné key dr | | 82 | 2 3 | Street Addre | dress (P.O. Box Number is Not Acceptable) | | | | | |
| SUITE 0-305 MIAMI FL 33131 | | | | | 3 | | | | | | |
| | | | | | | City | FL 85 Zip Code | | | | |
| SIGNATURE | to the provisions of Section and agent, or both, in the Sith, and accept the obligation state of the section of the section of the provisions of the provisi | zns or, decide: ocr. | ouou. Fiorida Statute | tes, the above zed by the const. | | | ation submits this statement for the purification of directors. I hereby accept the appropriate the properties of the pr | arpose of coordinant DATE: | thanging its as registered | registered office d agent. I am | |
| 12. | | HOERS AND DIREC | TORS | 13. | | | ADDITIONS/CHANGES TO OF | ICERS AN | NO DIRECTO | ORS IN 12 | |
| TITLE | PDTS | _ | []] DELETE | 1. t Tifle | | | · | | ☐ Change | Addition | |
| NAME | ASHEMIMRY, NASI | | - 4400 | | F | | | | | | |
| STREET ADDRESS | ONE ALHAMBRA PI | | | 1.3 STREE | 1.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | CORAL GABLES FL | • | | 14 CITY - | | ya | | | | | |
| TITLE | I Ti | A | DELETE | 2 1 THE | | | | | Change | Addition | |
| NAME | Ashemimny, Mari One Alhambra Pi | | E 1400 | | 2.2 NAME 2.3 STREET ADDRESS | | | | | | |
| STREET ADDRESS | CORAL GABLES FL | | | | | | | | | | |
| CITY-ST-ZIP TITLE | COINE CADLES I | · | □ DELETE | 2.4 City - 3.1 Title | | TP. | | | <u> </u> | - Final Administration | |
| NAME | | | L. Drein | | | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | | | | 3.2 NAME | | 25.525 | | | | | |
| CITY-ST-ZIP | | | | 3.3 STREE | | 1 | | | | | |
| TITLE | | | DELETE | 3 4 CITY - | | 11. | | | Change | Addition | |
| NAME | | | | 4 2 NAME | | | The same same same same of the same. | | | ☐ Agging-i | |
| STREET ADDRESS | | | | | | intere | 30000184 | #U8 | ([_] | | |
| City-SI-ZiP | | | | | 4.3 STREET ADDRESS 4.4 CHTY+ST ZIP | | -05/28/9601(***200.00 | JググニーE |) I (| | |
| TITLE | | | DELFTE | 5 1 JULE | | " | ***CUU_UU | | Change | Addition | |
| NAME | | | | 5.2 NAME | | | | | □ oueride | L Addition | |
| STREET ADDRESS | | | | 53 STREE | LAIM | nerss | | | | | |
| CITY-SI-2IF | | | | 5.4 CITY -: | | 1 | | | | | |
| TITLE | | | DELETE | 6 1 T TLE | | <u>" </u> | | | Change | Addition | |
| | | | | | | - 1 | | | | | |

14. Ido hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this and us fector of supplieriental 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 composition or the reference or trustice empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an arrives.

6.2 NAME

6.3 STREET ADDRESS 6.4 CiTY - ST - ZiP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OF FICER OR DIRECTOR

305-445-8869