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**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

**FILED** Mar 04 1998 8:00am Secretary of State

1998	THE REAL PROPERTY.	DIVISION OF	CORPORATIONS		ny or o	iaic
DOCUMENT # 1. Corporation Name MICHAEL RADU, D		(2)		I JARDI AKKARA (KAT KARI KIRAK KIRAK KIRAK	III 81011 ANDII 81411 ANDII AND	H (1811 1881
Principal Place of Business		Mailing Address			HI BIJIK BIJIK BIBII BIJII BIJI	
2499 GLADES ROAD		2499 GLADES RD		·		
SUITE 309		309				
BOCA RATON FL 33431		BOCA RATON FL 33431 US			IN THIS SPACE	<del> </del>
		03		3. Date Incorporated or Qualified 05/21/1992		
2. Principal Place of Business	. 2	a, Mailing Address		4, FEI Number	I Ap	plied For
21	26	<b>5</b>		65-0337578	No	t Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	
22 Ch. 8 State	27	. <del> </del>			Fee Re	
City & State	28	City & State		<ol> <li>Election Campaign Financing</li> <li>Trust Fund Contribution</li> </ol>	\$5.00 Added 1	
Zip	Country	Zip	Country	8. This corporation owes or has pa		
24 25	25	~1	30	Personal Property Tax due June		J No
	Address of Current Reg	elstered Agent		10. Name and Address of New Re	glatered Agent	
(RADY) MICHAEL 2499 GLADES RE SUITE #309 BOCA RATON FL	)		83 Ste	Michael, D.D.S dress (P.O. Box Number is Not Acceptable 19 Glades Rd 2309		
11. Pursuant to the provisions	of Sections 607.0502 and	1 607.1508, Florida Statu	ries, the above-named corporate by the corporate	ca Retor	<b>FL</b>   33	S registered
SIGNATURE Signature, typed or pri	inted name of registered agent and t	title d applicable (NO	nles, the above-named cor- authorized by the corporal lorida Statutes.		PL 33 purpose of changing it pt the appointment as	s registered registered
SIGNATURE		title d applicable (NO	ries, the above-named cor authorized by the corpora lorida Statutes.		PL 33 purpose of changing it pt the appointment as	s registered registered
SIGNATURE Signature, typed or pri	orted name of registered agent and t OFFICERS AND DIR	title if applicable (NO	des, the above-named cor authorized by the corpora lorida Statutes.  TE Registered Agent algrature required.  13.	uired when reinstating)	DATE  DATE  DATE  DESCRIPTION  DATE  DESCRIPTION  DESCRIP	s registered registered
SIGNATURE  Signature, typed or pri  12.  TITLE D  NAME RADU, MICE STREET ADDRESS 2499 GLAD	inted name of registered eyers and to OFFICERS AND DIR HAEL ES RD., #309	title if applicable (NO	des, the above-named cor- authorized by the corporal lorida Statutes.  TE Registered Agent signature required.  13.  1.1 TITLE	uired when reinstating)	DATE  DATE  DATE  DESCRIPTION  DATE  DESCRIPTION  DESCRIP	s registered registered
SIGNATURE  12. TITLE D NAME RADU, MICE STREET ADDRESS CITY-S1-ZIP BOCA RATE	inted name of registered eyers and to OFFICERS AND DIR HAEL ES RD., #309	IIIe d'applicable (NO IFCTORS DELETE	Ales, the above-named corauthorized by the corporal lorida Statutes.  TE Rogistered Agent eignature required 13.  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	uired when reinstating)	DATE CERS AND DIRECTOR Change	is registered registered registered
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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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or of an attachmient with an address.