## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1002



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

	1990	WE TO		
DOCUI	MENT # V460	07 (3)		
	OLA CORP.			
1				H SARAH BARAH B
Principal Plac		Mailing Address		
3109 GRAND AVENUE. #106 3109 GRAND AVENUE. #1 MIAMI FL 33133 MIAMI FL 33133		106		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 06/25/1992
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number Applied
21		26		65-0367204 Not Appl
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additio
22 City & State	0	City & State		Fee Required
23	u .	28		8. Election Campaign Financing \$5.00 May E Trust Fund Contribution Added to Fee
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Cu	rrent Registered Agent	81 N	10, Name and Address of New Registered Agent Name
	LE THOMAS E		<u> </u>	
310 #1	09 <b>G</b> RAND AVENUE		<b>82</b> S	Street Address (P.O. Box Number is Not Acceptable)
	00 AMI FL 33133		83	
******	WILL TO 100		04 6	Ott.
			<b>84</b> C	City FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607	.0502 and 607.1508, Florida Statut	es, the above-na	named corporation subm <mark>its t</mark> his statement for the purpose <b>of</b> changing its regis he corporation's board of directors. I hereby accept the <b>app</b> ointment as registr
agent la	m <b>fa</b> miliar with, and accept the o	bbligations of, Section 607.0505, Fit	orida Statutos.	te corporation's position directors, it hereby accept the appointment as registr
SIGNATURE	Stonature, typed or printed name of registere			signature required when reinsteting) DAYE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1
TITLE	D	DELETE	1.1 TITLE	☐ Change ☐ A
NAME	HALE, THOMAS E.		1.2 NAME	
STREET ADDRESS	3109 GRAND AVENUE, #	106	1.3 STREET ADD	DDRESS
CITY-ST-ZIP	MIAMI FL 33133		1.4 City- S1 - Zi	
TITLE		☐ DELETE	2.1 TITLE	Change []
NAME STREET ADDRESS			2.2 NAME 2.3 STREET ADD	VAPCC
CITY-ST-ZIP			2.3 STREET ADD 2. 4 City - St - Z	
TIFLE		DELETE	31 TITLE	Change D
NAME			3.2 NAME	
STREE1 ADDRESS			3.3 STREET ADD	DORESS
CITY-ST-7IP			3.4 CITY-ST-2	ZIP
TITLE		DELETE	4.1 311LE	☐ Change ☐ A
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADD	
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZII 5.1 TITLE	ZIP Change A
NAME		Lad Decent	5.1 HILE 5.2 NAME	J Stiongs L. F
STREET ADDRESS	 		5.3 STREET ADD	ingres
CITY-\$1-ZIP			5.4 CITY - ST - ZI	
TITLE		DELETE	6.1 TITLE	Change A
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADD	DDRESS
				70

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.

8-24-98

500-442-4442

**FILED** 

Sep 03 1998 8:00am

Secretary of State