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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # V4863 MANAGEMENT COMPAI e of Business	` '			
1111 LINCOLN	I RD.	1111 LINCOLN RD.			
SUITE 500		SUITE 500		DO NOT WRITE IN THIS	C CDACE
MIAMI BEACH	FL 33139	MIAMI BEACH FL 33139		3. Date Incorporated or Qualified	5 SPACE
				07/06/1992	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0403594	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State	D.	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	 This corporation owes or has paid the c Personal Property Tax due June 30. 	:urrent year intanglible ☐ Yes ☐ No
[4]	9. Name and Address of Curr		1301	10. Name and Address of New Registered	
DUI	NAEVSKY, DOV		81 Name		
4409 ATLTON ROAD			82 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
MIAMI BEACH FL 33140			Oliver Ac	Gross (F.O., Box Hamber is Not Acceptable)	
			83		
			84 City		85 Zip Code
				<u>F</u>	L 00 1 00 00 00 00 00 00
SIGNATURE	Signature, typed or printed name of registered	agent and tille if applicable (NO	E Registered Agent signature rec		
12.	OFFICERS /	NND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE NAME	DUNAEVSKY, DOV	DELETE	1.1 TITLE 1.2 NAME		Change Addition
STREET ADDRESS	4409 ALTON RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP		
TITLE	INDIAN DEPOTITE	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		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY+ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		L Change L Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP

SIGNATURE

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 a final 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 object 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 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 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 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 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 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

FILED

Mar 23 1998 8:00am

Secretary of State