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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

FILED Jan 16 1998 8:00am Secretary of State

Principal Place of Business 130 N. 151 ST NORTH MANN FL 20162 2 Principal Place of Business 2 North MANN FL 20162 2 Principal Place of Business 2 North MANN FL 20162 3 State Incorporated or Qualified 7/1/3/1992 2 Principal Place of Business 2 North MANN FL 20162 3 State North MANN FL 20162 4 State North MANN FL 20162 3 State North MANN FL 20162 4 State North MANN FL 20162 5 State North Mann Florence North Man	PLANE	ET TEL, INC.						OPEN BIBNO BIBN	F MANUS AFNEL IN RE	
TICH NE 15T ST 15T NORTH MAMN FL 30162										
NOTH MANN FL 20162 S S S S S S S S S S S S S S S S S S S	Principal Place of Business Mailing Address							il eli biail bib it	BIDII BIZII (DBI	
Principal Place of Business 2m. Mailing Address 4. FED Number Applied For	NORTH MIAMI FL 33162 NORTH MIAMI FL 33162							IS SPĀCE	· · ·	
A. FEI Number A. FEI Numbe	ļ									
Sulley, Apt. #, etc. Sulley, Additional or Sulley Business and Address of Current Registered Agent To. Name and Address of Name Registered Agent Sulley, Apt. #, etc. Sulley, Apt. #, etc. Sulley, Apt. #, etc. Sulley, Additional or Apt. #, etc. Sulley, Addition sulley, Addition sulley, Apt. #, etc. Sulley, Addition sulley, Apt. #, etc. Sulley,	2. Principal F	Place of Business	2a. Mailing Address				0//13/1992 4. FEI Number		A - F - J F	
Solito, Apt. 4, etc. Sulto, Apt. 4, etc.							1	⊢	<u> </u>	\exists
City & State City & State City & State City & State State City & State City & State City & State State City & State Stat		. #, etc.					_	\$8.7		븻
25 Country Zip Country Zip Country Zip Country S. This corporation rows on has paid the current year Intramplible Personal Property Tax due Juno 20. Text In	22		27				5. Certificate of Status Desired			- 1
28		te	City & State				6. Election Campaign Financing	\$5.0	00 May Be	7
28										_
B. Name and Address of Current Registered Agent EGOZI, MOISES D 1321 SOUTH BISCAYNE PT. RD. MIAMI FL 33141 82 Street Address (P.O. Box Number is Not Acceptable) 83	├ ─ '		-	—	untry		8. This corporation owes or has paid the	current year	Intangible	٦
EGOZI, MOISES D 1321 SOUTH BISCAYNE PT. RD. MIAMI FL 33141 82 Street Address (P.O. Box Number is Not Acceptable) 83 64 65 75 75 75 75 75 75 75 7	24			30	,			ARIA FLAFF	□ No	_
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and instrument as registered agent and instrument as registered agent and market with, and accept the adjointment as registered agent with a sufficient state of the provisions of Sections (P.O. Box Addition Statutes). SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. In III. 12. OFFICERS AND DIRECTORS 13. SIBERT ADDRESS 12. NAME 12. STORE ADDRESS 12. NAME 13. SIBERT ADDRESS 14. CITY-ST-ZP 17. N BAY VILLAGE FL 33141 14. CITY-ST-ZP 17. ST. ZP 13. SIBERT ADDRESS 14. CITY-ST-ZP 17. ST. ZP 17. ST.			it Registered Agent		91	Name	10. Name and Address of New Register	d Agent		4
MIAMI FL 33141 B3					["	Name				- [
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I here purpose of changing its registered office or registered agent, and accept the obligations of, Section 607.0503, Florida Statutes. SIGNATURE 12.					82 Street Address (P.O. Box Number is Not Acceptable)					Ť
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0508, Florida Statutes, and accept the obligations of, Section 607.0508, Florida Statutes, and accept the obligations of, Section 607.0508, Florida Statutes, and accept the obligations of, Section 607.0508, Florida Statutes, and accept the obligations of, Section 607.0508, Florida Statutes, and accept the obligations of, Section 607.0508, Florida Statutes, and accept the obligations of, Section 607.0508, Florida Statutes, and accept the obligations of, Section 607.0508, Florida Statutes, and accept the obligations of, Section 607.0508, Florida Statutes, the above-named corporation submits its statement for the purpose of changing its registered depositions and accept the obligations of Section 607.0508, Florida Statutes, the above-named corporation submits its statement for the purpose of changing its registered depositions and accept the obligation of Section 607.0508, Florida Statutes, the above-named corporation submits is statement for the purpose of changing its registered depositions and accept the obligation of Section 607.0508, Florida Statutes, the above-named corporation submits as talement for the purpose of changing its registered depositions and accept the obligation of Section 607.0508, Florida Statutes, the above-named corporation submits and accept the appointment as registered depositions and accept the appointment as registered depositions and accept the appointment as registered advantaged when reliable submits and accept the appointment as registered advantaged when reliable submits and accept the appointment as registered agent. 12	MI	AMI FL 33141			83					4
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered signal, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signatura, typed or privact name of inegratery agent and the # applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12. TITLE P DELETE 1.1 ITILE P DELETE 1.2 STREET ADDRESS 7601 E TREASURE DR, #717 N BAY VILLAGE FL 33141 1.4 GITV-ST-2P ITILE P DELETE 2.1 TITLE P DELETE 2.2 HAME STREET ADDRESS 132 SOUTH BISCAYNE PT. RD. 2.2 HAME 3.2 SIREET ADDRESS CITY-ST-2P ITILE DELETE 4.1 TITLE DELETE 3.1 TITLE Change Addition Addition Addition AGRIF-ST-2P TITLE DELETE 5.1 TITLE Change Addition Addition AGRIF-ST-2P TITLE DELETE 5.1 TITLE Change Addition Addition AGRIF-ST-2P TITLE DELETE 5.1 TITLE Change Addition Addition Addition Change Addition Addition Addition AGRIF-ST-2P Addition Addition AGRIF-ST-2P Addition AGRIF-ST-2P Addition Addition AGRIF-ST-2P										
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent					84	City		85 Z	ip Code	
SIGNATURE Signature, typed or privad rearns of registered agont and life it applicable. (NOTE Registatored Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE P. Change Addition REGOZI, MOISES 7601 E TREASURE DR, #717 N BAY VILLAGE FL 33141 1.4 OTTY-51-ZP N BAY VILLAGE FL 33141 1.4 OTTY-51-ZP TITLE P. Change Addition RAME FGOZI, MOISES D 1321 SOUTH BISCAYNE PT. RD. 22 NAME 23 SIREET ADDRESS 1321 SOUTH BISCAYNE PT. RD. TITLE	11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Sta of Florida, Such change w	atutes, the a	bove-	-named corpo	pration submits this statement for the purpose	of changin	g its registered	ī
12	agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505,	, Florida Sta	tutes.		and a second in the second in	ppominion	as registeres	
12.	SIGNATURE	Classifier		10772 5 1						_
TITLE	12.				d Agen	it signature required			OBS IN 12	46
NAME	TITLE				TLE		ADDITIONO OF THE CITY OF THE C			귀형
STREET ADDRESS	NAME	EGOZI. MOISES								. 12
N BAY VILLAGE FL 33141	STREET ADDRESS	•			1.3 STREET ADDRESS					8
ITILE	CITY-ST-ZIP									
1321 SOUTH BISCAYNE PT. RD. 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TITLE							Chang	re Addition	ᆔ
CITY-ST-ZIP MIAMI BEACH FL DELETE 3.1 TITLE Change Addition	name	EGOZI, MOISES D	EGOZI, MOISES D		AME					1
TITLE	STREET ADDRESS	1321 SOUTH BISCAYNE PT. I	RD.	2.3 \$1	2.3 STREET ADDRESS					
NAME	CITY-ST-ZIP	MIAMI BEACH FL		2,40	2, 4 City-ST-ZIP					
3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 3.4. CITY-ST-ZIP	TITLE		DELETE	3.1 TI	TLE			Chang	e 🔲 Addition	ī
STREET ADDRESS S.A. CITY-ST-ZIP S.A. CITY-ST-ZIP Change Addition	NAME			3.2 NA	AME	ļ				
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP Change Addition CITY-ST-ZIP 5.1 TITLE Change Addition NAME 5.2 NAME CTTY-ST-ZIP Change Addition STREET ADDRESS 5.3 STREET ADDRESS CTTY-ST-ZIP Change Addition NAME DELETE 6.1 TITLE Change Addition NAME 6.2 NAME CSTREET ADDRESS CTTY-ST-ZIP CTTY-ST-ZIP CITY-ST-ZIP G4 CITY-ST-ZIP G4 CITY-ST-ZIP CTTY-ST-ZIP CTTY-ST-ZIP	STREET ADDRESS			3.3 ST	FREET AI	DDRESS				
NAME				3.4. C	ITY-ST	-ZIP				_
A3 STREET ADDRESS A4 CITY-ST-ZIP	į		L DELETE					Chang	e Addition	
CITY-ST-ZIP				4.2 N	AME					
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE Change Addition NAME DELETE 6.1 TITLE Change Addition NAME 6.2 NAME CANAME CHANGE CHANGE CITY-ST-ZIP 6.4 CITY-ST-ZIP CHANGE CHA			1	4.3 ST	REET AL	DORESS				
NAME						ZIP				_
STREET ADDRESS			☐ DETEIF	1				L Change	e L Addition	
CITY-ST-ZIP				•						
TITLE DELETE 5.1 TITLE Change Addition NAME 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP <td></td>										
NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP			I nei ere			ZIP		T 100		4
STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP			TTI NETELE	B		1		L Change	a LI Addition	
CITY-ST-ZIP 64 CITY-ST-ZIP	ľ									
	ſ			1		1				
		ertify that the information supplied with	th this filling does not qualify	v for the eve	ry-ST	on stated in Se	action 119 (7/3)(i) Florida Statutae I further	certify that f	he Information	-

regicated 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 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, or on an attachment with an address.

SIGNATURE: