

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 31, 1999 8:00 am**  
**Secretary of State**

08-31-1999 90003 047 \*\*\*150.00

DOCUMENT # **V59716**

1. Corporation Name

**CEDARS ENTERPRISE OF MIAMI, INC.**

Principal Place of Business

6721 NW 36 AVE.  
MIAMI FL 33141  
US

Mailing Address

6721 NW 36 AVE.  
MIAMI FL 33141  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/21/1992**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**65-0363759**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**KILIL, ABDALA**  
**1150 S BISCAYNE POINT ROAD**  
**MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **KALIL, ABDALA MD**  
STREET ADDRESS **1150 S BISCAYNE POINT RD**  
CITY-ST-ZIP **MIAMI BCH FL**

TITLE **D** ☒ DELETE

NAME **KALIL, ABBAS**  
STREET ADDRESS **1150 S BISCAYNE POINT RD**  
CITY-ST-ZIP **MIAMI BCH FL**

TITLE **D** ☒ DELETE

NAME **KHALIL, HUSSEIN**  
STREET ADDRESS **1150 S BISCAYNE POINT RD**  
CITY-ST-ZIP **MIAMI BCH FL**

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE  
STREET ADDRESS ☐ DELETE  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/99 (305) 835-0209

CR2E034 (5/99)

CEDARS ENTERPRISE  
OF MIAMI, INC.  
6721 NW 36<sup>th</sup> AVENUE  
MIAMI, FL. 33147  
TEL. (305)835-0203

# V59716  
610995

August 23, 1999

Secretary of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: Document #V59716  
1999 Annual Report

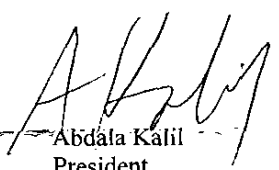
Gentlemen:

Please find attached herewith check in the amount of \$150.00 and duly executed form regarding the above reference. We were instructed by your offices to do so since we never received the form in time for this Corporation. At the same address we received forms relating to two other corporations we have but never received the one for Cedars Enterprise of Miami.

If you have any questions, please do not hesitate to contact the undersigned at the telephone of the letterhead during regular working hours.

We take this opportunity to thank you for your cooperation.

Yours very truly,

  
Abdala Kalil  
President