PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90009 021 ***150.00

I. C. SAI	LES, INC.				
Principal Place	e of Business	Mailing Address		T (88)88 titil 00110 01118 tibin 11901 0145 911	ili dibil hidis bibit divit sinii tent
7975 SW 86TH	\$T	7975 SW 86TH ST			•
#222		#222		DO NOT WRITE IN TH	IIS SPACE
MIAMI FL 3314	3	MIAMI FL 33143 US		3. Date Incorporated or Qualifed	10 01 7.02
US		Ų3		06/17/1966	•
2 Principal B	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	55.W 865T	26 79355U	U.86 ST.	59-1143398	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	0.000		\$8.75 Additional -
2 #5	708	27 #808		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State	<u></u>	6. Election Campaign Financing	\$5.00 May Be
23 HIA	MIFI	28 MIAMI	<i>H</i>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country SA	8. This corporation owes the current year	
14 <i>3314</i>	13 25 USA	29 33/43	30 257	Personal Property Tax.	ØXyes □No
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
CCIA	JCOLD INE?		81 Name		
FEINGOLD, INEZ			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	1
7975 SW 86TH ST #222			83 79.35	5 S.W. 86 ST 71808	· · · · · · · · · · · · · · · · · · ·
	Z MI FL 33143		63		<u> </u>
194674	WILL 33 143		84 City		85 Zip Code
		n 1007 4500 FL 11 OLL	u_{l}	poration submits this statement for the purpose	of changing its registered
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	uthorized by the corporati	ion's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable (NOTE	: Registered Agent signature require	red when reinstating) DATE	'
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change
NAME	FEINGOLD, INEZ		1.2 NAME		ا
STREET ADDRESS	TATE OU ANTIL OT #000		1.3 STREET ADDRESS	79 .3 5 5.W. 86St #80)8
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY-ST-ZIP	7935 S.W. 86St #80 WIANI Fl. 33143	·
TITLE	ST	☐ DELETE	2.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME	FEINGOLD, INEZ		2.2 NAME		
STREET ADDRESS	HART OUL SOTIL OF HOOS		2.3 STREET ADDRESS		•
CITY-ST-ZIP	MIAMI FL 33143		2.4 CITY-ST-ZIP		-
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME	1		32 NAME		
STREET ADDRESS	:		3.3 STREET ADDRESS		
CITY-ST-ZIP	ì		3.4. CITY-ST-ZIP		
TITLE	:	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	•		4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition }
NAME			5.2 NAME	·	· ·
STREET ADDRESS	6		5 3 STREET ADDRESS		ł
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition ☐
NAME			1		l l
IVAVIC			6.2 NAME		\
STREET ADDRESS		<u></u>	6.2 NAME 6.3 STREET ADDRESS		

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, with all other like empowered.

SIGNATURE: