FILED Aug 06, 1999 8:00 am Secretary of State

08-06-1999 90003 015 ***550.00

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT QUE 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

DOCUMENT # F94000001585

7000 ISLAND BOULEVARD, INC.

| Principal Place of Business Mailing Address 7900 ISLAND BLVD. N. MIAMI BEACH FL 33160 N. MIAMI BEACH FL 33160 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/29/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied Fo 85-0479529 Not Applied Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State 27 Country Zip Country Added to Fees No No No No No No No No No N |
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| N. MIAMI BEACH FL 33160 N. MIAMI BEACH FL 33160 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/29/1994 2. Principal Place of Business 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 29 City & State City & State City & State Country 28 Zip Country 29 Not Applied For Status Desired Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees Added to Fees Added to Fees No 9. Name and Address of Current Registered Agent MATUS, ALAN 7900 ISLAND BLVD. Registered Agent Street Address (P.O. Box Number is Not Acceptable) |
| DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/29/1994 2. Principal Place of Business 26. Mailing Address 4. FEI Number Applied For 65-0479529 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State City & State 28 Country Zip Country Zip Country 29 30 Suite, Apt. #, etc. Country B. This corporation owes the current year intangible Personal Property. 9. Name and Address of Current Registered Agent MATUS, ALAN 7900 ISLAND BLVD. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/29/1994 4. FEI Number 6. Election Campaign Financing Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Robert I. Finvarb, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) |
| 3. Date Incorporated or Qualified 03/29/1994 2. Principal Place of Business 26 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State City & State 28 City & State |
| 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Mailing Address 4. FEI Number 65-0479529 Suite, Apt. #, etc. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. City & State Country Zip Country Zip Country S. This corporation owes the current year Intangible Personal Property. S. Name and Address of Current Registered Agent MATUS, ALAN 7900 ISLAND BLVD. Suite, Apt. #, etc. Suite |
| 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Mailing Address 3. Mailing Address 3. Mailing Address 4. FEI Number 65-0479529 Suite, Apt. #, etc. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Certificate of Status Desired Status Desired \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Trust Fund Contribution Added to Fees 2. Tip Country 2. Country 2. Suite, Apt. #, etc. 2. City & State 2. City & State 3. Country 3. This corporation owes the current year Intangible Personal Property. 9. Name and Address of Current Registered Agent MATUS, ALAN 7900 ISLAND BLVD. 8. This corporation owes the current year Intangible Personal Property. 10. Name and Address of New Registered Agent 81 Name Robert I. Finvarb, Esq. Street Address (P.O. Box Number is Not Acceptable) |
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| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Name and Address of New Registered Agent 13. Name Robert I. Finvarb, Esq. 14. Street Address (P.O. Box Number is Not Acceptable) |
| MATUS, ALAN 7900 ISLAND BLVD. Robert I. Finvarb, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) |
| 7900 ISLAND BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) |
| 7900 ISLAND BLVD. |
| N MAM REACH EL 33160 |
| |
| 7900 Island Boulevard |
| 84 CW. Miami Beach FL 85 33960 |
| 11 Pursuant to the provisions of sections 607 0502 and 607 1508 Florida Statutes, the above named composition 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 approach accept the obligations of, section 607.0505, Florida Statutes. |
| 1 In Dian Espano Vice Poecish of 7/29/99 |
| 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 |
| TITLE DPS DELETE 1.1 TITLE Change Add |
| NAME MATUS, ALAN 1.2 NAME |
| STREET ADDRESS 7900 ISLAND BLVD. 1.3 STREET ADDRESS |
| CITY-ST-ZIP N. MIAMI BEACH FL 33160 |
| CITY-ST-ZIP N. MIAMI BEACH FL 3316U 14.CITY-ST-ZIP 1 |
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| TITLE |

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:

CITY-ST-ZIP

ROBERT FINNARD VICE PRESIDENT