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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0017659

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # **G50797**

1. Corporation Name
FLAME CORPORATION

Principal Place of Business Mailing Address
2300 CORAL WAY #200 MIAMI FL 33145 US
2300 CORAL WAY #200 MIAMI FL 33145 US

2. Principal Place of Business 2a. Mailing Address
21 2300 CORAL WAY Suite, Apt. #, etc. 26 2300 CORAL WAY Suite, Apt. #, etc.
22 SUITE 200 City & State 27 SUITE 200 City & State
23 MIAMI FLORIDA 28 MIAMI FLORIDA
24 33145 25 U.S. 29 33145 30 U.S.

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC
2300 CORAL WAY #200 MIAMI FL 33145

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]* AMANDA CANTERA LOPEZ, PRES. 3/7/99

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|------------|
| TITLE | PD | () DELETE |
| NAME | DORFMAN, ROBERTO | |
| STREET ADDRESS | 8877 COLLINS AVE, #1109 | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| TITLE | STD | () DELETE |
| NAME | DORFMAN, ELIZABETH | |
| STREET ADDRESS | 8877 COLLINS AVE, #1109 | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| TITLE | | () DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | () DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | () DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|--------------------|
| 11 TITLE | () Change () Add |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-ST-ZIP | |
| 21 TITLE | () Change () Add |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY-ST-ZIP | |
| 31 TITLE | () Change () Add |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY-ST-ZIP | |
| 41 TITLE | () Change () Add |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY-ST-ZIP | |
| 51 TITLE | () Change () Add |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY-ST-ZIP | |
| 61 TITLE | () Change () Add |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY-ST-ZIP | |

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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, in an attachment with my address, with all other like empowered

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELIZABETH DORFMAN - Sec/Treas.

3/27/99

CR2E034 (1-99)