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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	1 27	'An	7
4. Companies Namo			-	

 Corporation 	Name ——										
CITCO C	CORPORATE SERVICES, INC) ,								418.	
Principal Place	of Business		Mailing Address							III DÎDÎI DIAL	
701 BRICKELL			O1 BRICKELL AVE							•	
1270		1	270					DO NOT WRI	re INI THIS (SDACE	
MIAMI FL 33131	l		iiami FL 33131 Is				-	3. Date Incorporated or Qualifed	IE IIV THIS V	SFACE	
US		•	10				ļ	10/30/1989			
2 Principal P	lace of Business	2	a. Mailing Address					4, FEI Number		. 11	Applied For
21		26	1					65-0201189		1	Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certifcate of Status Desired		•	Additional
22		27		_	_			5. Certificate of Citatas Desired		Fee f	Required
City & State	е		City & State					6. Election Campaign Financing			May Be
23		28		Count				Trust Fund Contribution			d to Fees
Zip	Country	-	Zip J	Count	у			This corporation owes the curr Personal Property Tax.	ent year inta	ingible □Yes	□No
24	9. Name and Address of Current	29		30				10. Name and Address of New F	Registered A		
	9. Name and Address of Current	. veñ	istered Agent	8	1	Name		10.		•	
BRO	WN, LEWIS N.			_		- Ctarat (4 4 4 4 4 4 4	/D.O. Boy Number is Not Assent	-blo)		
2 BI	SCAYNE BLVD			8	-	Street	Audies	s (P.O. Box Number is Not Accepta	inie)	•	
OEN	BISCAYNE TOWER, 15TH FLOO	R		8	3						
MIAN	WI FL 33131			8	4	City	_			85 Zij	p Code
					ļ	-			FL		
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	of Flo	rida. Such change was at	utnorizea d	VΙ	tne corpo	corpora pration's	ation submits this statement for the s board of directors. I hereby acce	purpose of on the proposition of	tment as	registered
	m jamiliai with, and accept the obligati	10115	or, Section 607.0000, 1 101	noo ototot	,,,,			•		•	
SIGNATURE	Signature, typed or printed name of registered agent	t and ti	le if applicable (NOTE	Registered Ag	ent	t signature re	equired w	nen reinstating)	DATE •		
12.	OFFICERS ANI	D DIF		13.				ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D		☐ DELETE	1.1 TITLE						Change	e Additio
NAME	SEIBALD, MARCIA	_		1.2 NAME							
STREET ADDRESS	701 BRICKELL AVE, SUITE 127	0				ADDRESS					
CITY-ST-ZIP	MIAMI FL		☐ DELETE	1.4 CITY- 2.1 TITLE		r-zip	TV	o Tr		Chang	e Additio
TITLE	DE LANCEN HANG			2.2 NAMI		l		•		_ •	_
NAME STREET ADDRESS	DE LANGEN, HANS 701 BRICKELL AVE, SUITE 127	'n				ADDRESS		,			
CITY-ST-ZIP	MIAMI FL	U		2. 4 CITY							
TITLE	VPS		₩ DELETE	3.1 TITLE						Chang	e 🔲 Additio
NAME	BRUNING, MARK A.M.			3.2 NAMI	Ε			•	- •		-
STREET ADDRESS	701 BRICKELL AVE, SUITE 127	0		3.3 STRE	Εĭ	ADDRESS]				
CITY-ST-ZIP	MIAMI FL	-		3.4. CITY	'- S1	T-ZIP					
TITLE	P		☐ DELETE	4.1 TITLE	:					Chang	e Additio
NAME	BRUNING, MARK A.M			4. 2 NAM	Ε						
STREET ADDRESS	701 BRICKELL AVE, SUITE 127	0		4.3 STRE	ΕT	ADDRESS			-		
CITY-ST-ZIP	MIAMI FL			4.4 CITY		T-ZIP	0.02			10f Char	n Najatist
TITLE	₩PŦ~		☐ DELETE	5.1 TITLE			Abz			K Chang	e
NAME	AMENG-TORRES, LAZARA			5.2 NAM		******		•	•		
STREET ADDRESS	701 BRICKELL AVE, SUITE 127	0				ADDRESS					
CITY-ST-ZIP	MIAMI FL.		☐ DELETE	5.4 CITY 6.1 TITLE		1-417				☐ Chang	e
TITLE			☐ DELETE	6.2 NAM						والمالات ال	- Ind reside
NAME						ADDRESS	1				
STREET ADDRESS	!			J.3 5 1 K			}				

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, with all other like empowered. CITY-ST-ZIP

SIGNATURE:

M. BRUNING