FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L49448

CATEXOR, INC.

Mailing Address

FILED Feb 05, 1999 8:00am Secretary of State

02-05-1999 90005 010 ***150.00



ncipal Place	e of Business	Mailing Address						•
O SW 3RD A	N/F	2730 SW 3RD AVE.					•	
TE 800	800 SUITE 800					DO NOT WRITE IN THIS	SPACE	
MI FL 33129)	MIAMI FL 33129					SPACE	
		,				3. Date Incorporated or Qualifed		* (
		\$				02/13/1990		
Oringinal Di	loca of Rusiness	2a. Mailing Address				4. FEI Number	App	lied For
Principal Pi	lace of Business	⊢				65-0176501	Not	Applicable
		26				00 0170001	\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	Fee Red	
		27						
City & State	е	City & State				6. Election Campaign Financing	\$5.00 N	•
•		28				Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Int	angible	•
۲ıþ		⊢ '	30	-		Personal Property Tax.	Yes i	□No
	25	29	[30]			10. Name and Address of New Registered	Agent	
	9. Name and Address of Curren	t Registered Agent		04	Mana	TU, Hante and Address of Now Tagesters		
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			81	Name			
WEN	inerstrom, Britt-Marie			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
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				84	City	—————————————————————————————————————	85 Zip C	ode
				1	-	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoi		
GNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NO D DIRECTORS	TE: Registered	Agent	signature requii	ed when reinstating) (**) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12
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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)(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 of the relevier 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, official statutes, with all other like empowered.

SIGNATURE:

THE PARTY OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

V12 - 99 305 856 850 Daytime Phone #

R2E034 (11/98)