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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M29986

 Corporation 	n Name	•			
CORDE)	X, CORP.				
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Principal Place	e of Business	Mailing Address		1 (83105)) (10 11010 19))0 1 1012 1012 1 011	ELBIT GIBIT BERTE BIRTE BERTE FIRST WERE
17890 W. DIXIE	E HŴY.	17890 W. DIXIE HWY			
#303	the state of the s	#303			T. 110 00 100
NO. MIAMI BEACH FL 33160 NO. MIAMI BEACH FL		NO. MIAMI BEACH FL 3316	0	DO NOT WRITE IN THIS SPACE	
	-			3. Date Incorporated or Qualifed	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 On Ad-Nino Adelesco		04/04/1986 4. FEI Number	
	Place of Business	2a. Mailing Address		1	Applied For Not Applicable
21 Suite Ant		Suite, Apt. #, etc.		59-2657579	\$8.75 Additional
Suite, Apt.	r, etc.	27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State	*	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	ear Intangible
24	25		30	Personal Property Tax.	¥Yes □No
	9. Name and Address of Current			10. Name and Address of New Regist	ered Agent
			81 Name		
	IAN, ISAAC A.		82 Street Addi	ress (P.O. Box Number is Not Acceptable)	•
	90 W. DIXIE HWY.		OI COLLAGO	and the state of t	LANGE CO. AND A SUPER SECTION OF THE PARTY AND A
#30	•		83		
NOF	RTH MIAMI BEACH FL 33160	•	84 City		85 Zip Code
		1 To 1 After 1			FLII
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named corp	oration submits this statement for the purpo on's board of directors. I hereby accept the	se of changing its registered
office or r	registered agent, or both, in the State of	f Florida: Such change was au	ithorized by the corporation	on's board of directors. I hereby accept the	appointment as registered
agent I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statutes.		
N∴ agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flori	ida Statutes.	•	
SIGNATURE	m familiar with, and accept the obligation	and title if applicable. (NOTE:	Registered Agent signature require	d when reinstating)	TE
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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 pn an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Feb 05, 1999 8:00am

Secretary of State

02-05-1999 90009 021 ***150.00