Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90244 029 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999

| DOCUMENT # M92650                             |  |                                   |                       |                                  |   |                   |                  |
|---|--|-----------------------------------|-----------------------|----------------------------------|---|-------------------|------------------|
| r. Corporation                                | TITLE COMPANY  |                                   |                       |                                  |   |                   |                  |
| HOULET  | TITLE CONFANT  |                                   |                       |                                  | 1 (0.0104)) (70.100) (874.4.4.4.4.4.1.4.1.4.1.4.1.4.4.4.4.4.4.4   | BIBIL BIBIL BIBIL | ALBIT BIRTH IRRI |
|   |  |                                   |                       |                                  |   |                   |                  |
| Principal Place of Business Mailing Address   |  |                                   |                       |                                  |   | Attit etekt etekt | BIBII BIBII 1001 |
| 16375 NE 18TH AVE #225 16375 NE 18TH AVE #225 |  |                                   |                       |                                  | ,   | -                 |                  |
| N MIAMI BCH I                                 |  | N MIAMI BCH FL 33162              |                       | DO NOT WRITE IN THE              | e ebace   |                   |                  |
| US  |  | US                                |                       |                                  | 3. Date Incorporated or Qualifed  | - SFACE           |                  |
|   |  |                                   |                       |                                  | 08/01/1988  |                   |                  |
| 2. Principal Pl                               | lace of Business   | 2a. Mailing Address               |                       |                                  | 4. FEI Number   |                   | pplied For       |
| 21  |  | 26                                |                       | 65-0063796                       | . N   | lot Applicable    |                  |
| Suite, Apt.                                   | #, etc.  | Suite, Apt. #, etc.               |                       | 5. Certificate of Status Desired | •   | Additional        |                  |
| 22  |  | 27                                |                       | 5. Certicate of Status Desired   | Fee R   | equired           |                  |
| City & State                                  | e  | City & State                      |                       | 6. Election Campaign Financing   | •   | May Be            |                  |
| 23  |  | 28                                |                       | <del></del>                      | Trust Fund Contribution   | ·                 | to Fees          |
| Zip   | Country  | Zip                               | Country               |                                  | 8. This corporation owes the current year In  | ntangible         | □No              |
| 24  | 9. Name and Address of Curren  |                                   | 30                    | <del></del>                      | Personal Property Tax.  10. Name and Address of New Registered  |                   |                  |
| <del></del>                                   | 5. Name and Address of Curren  | it itegistorea Agent              | 81                    | Name                             | ,   |                   |                  |
| SHAPIRO, IRA R.                               |  |                                   |                       | 2:                               | (DO Do Nobella Accordate)   |                   |                  |
| 16375 NE 18TH AVE #225                        |  |                                   | 82                    | Street A                         | ddress (P.O. Box Number is Not Acceptable)  |                   |                  |
| N M   | IAMI BCH FL 33162  |                                   | 83                    |                                  |   |                   |                  |
|   |  |                                   | 84                    | City                             |   | 85 Zip            | Code             |
|   |  |                                   | l'                    | City                             | FI  | <b>-</b>     '    |                  |
| 11. Pursuant                                  | to the provisions of Sections 607.050  | 2 and 607.1508, Florida Statute   | s, the above          | e-named c                        | corporation submits this statement for the purpose of ration's board of directors. I hereby accept the apport | f changing its    | s registered     |
| οπice or n<br>agent. I ai                     | egistered agent, or both, in the State<br>m familiar with, and accept the obliga | tions of, Section 607.0505, Flori | ida Statutes          |                                  | valion's board of directors. Thereby accept the appe  | MILLIOIN 45 IV    | sgiolore a       |
| SIGNATURE                                     |  |                                   |                       |                                  |   |                   |                  |
|   | Signature, typed or printed name of registered ager                              |                                   |                       | nt signature red                 | quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS A   | ND DIRECTO        | OPS IN 12        |
| TITLE   | D OFFICERS AN  | ID DIRECTORS                      | 13.                   | ·                                | ADDITIONS/CHANGES TO OFFICE NO A  | Change            | Addition         |
| NAME  |  |                                   | 1.2 NAME              | ĺ                                |   |                   |                  |
| STREET ADDRESS                                |  |                                   |                       | TADDRESS                         |   |                   |                  |
| CITY-ST-ZIP                                   | NI ARAM DOLL EL COACO  |                                   | 1.4 CITY-ST-ZIP       |                                  |   |                   |                  |
| TITLE   |  |                                   | 2.1 TITLE             | -                                |   | Change            | Addition         |
| NAME:   |  |                                   | 2.2 NAME              |                                  |   |                   |                  |
| STREET ADDRESS                                |  |                                   | 2.3 STREE             | ADDRESS                          | •   |                   |                  |
| CITY-ST-ZIP                                   | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |                                   | 2. 4 CITY-5           | ST-ZIP                           |   |                   |                  |
| TITLE   |  |                                   | 3.1 TITLE             |                                  |   | Change            | ☐ Addition       |
| NAME  |  |                                   | 3.2 NAME              | -                                | •   |                   |                  |
| STREET ADDRESS                                |  |                                   | 3.3 STREE             | ADDRESS                          |   |                   | '                |
| CITY-ST-ZIP                                   |  |                                   | 34. CITY-5            | T-ZIP                            |   |                   |                  |
| TITLE   |  | ☐ DELETE                          | 4.1 TITLE             | [                                |   | Change            | Addition         |
| NAME  |  |                                   | 4. 2 NAME             |                                  |   |                   |                  |
| STREET ADDRESS                                |  |                                   |                       | TADDRESS                         |   |                   |                  |
| CITY-ST-ZIP                                   |  |                                   | 4.4 CITY-S            | T-ZIP                            |   | Change            | ☐ Addition       |
| TITLE   |  | ☐ NETELE                          | 5.1 TITLE<br>5.2 NAME |                                  |   | - Subude          |                  |
| NAME<br>CTRUEY ADDRESS                        |  |                                   |                       | FADDRESS                         |   |                   |                  |
| STREET ADDRESS                                | <b>!</b>   |                                   | 5.4 CITY-S            |                                  |   |                   |                  |
| CITY-ST-ZIP<br>TITLE                          |  | ☐ ØELETE                          | 6.1 TITLE             | -                                |   | Change            | ☐ Addition       |
| NAME  |  | _                                 | 6.2 NAME              |                                  |   |                   |                  |
| etheet Annhees                                |  |                                   | 6.3 STREET            | T ADDRESS                        |   |                   |                  |

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR