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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000064284

FILED Feb 10, 1999 8:00am Secretary of State 02-10-1999 90052 045 ***150.00

	RP.							
Principal Plac	e of Business	Mailing Address		· -		EBUKA BIRKA BIRKA BABKA KIADA	IONS BIRS IOSS	
100 S.E. 2ND STREET 100 S.E. 2ND STREET								
SUITE 4300 SUITE 4300 Miami FL 33131 Miami FL 33131					DO NOT WRITE	IN THIS SPACE		
MIMMI FL 3313	·	MINMI FL 33131			3. Date Incorporated or Qualifed	III THIS ST ACE		1
					09/15/1993			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For	
21		26			65-0463013	⊢-+-	t Applicable	357
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	Additional	,
22		27			5. Certifcate of Status Desired	Fee Re	quired	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be	==
23		28			Trust Fund Contribution	Added to	o Fees	
Zip	Country	Zip	Country		8. This corporation owes the current		-	
24	25		30		Personal Property Tax.		□No _	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Rec	gistered Agent		
. ANA	NIA, FRANCIS A ESQ.		"	Maille				
	S.E. 2ND STREET		82	Street Addre	ess (P.O. Box Number is Not Acceptable	e) .		
	E 4300		83		े उस होते प्रकार के प्रकार के किस के किस की स्थाप के किस के किस की क स्थापन की जाने की जाने की किस की	क्लांग एमा व संभा जाने हैं। उन्हां	-707 THE 1841	
	VI FL 33131		83		· · · · · · · · · · · · · · · · · · ·	問題補關。唐		
1770 11	,,, , , , , , , , , , , , , , , , , ,		84	City	र स्थानिक केल्फ्रेस्ट्रिक प्र	FL 85 Zip C	Code******	
11 Dumuent	to the provisions of Sections 607 0503	and 607 1509 Florida Statuta	s the above	named corps	oration submits this statement for the pu		rogistored	
· office or r	egistered agent, or both, in the State o	of Florida. Such change was au	ithorized by th	ne corporatio	on's board of directors. I hereby accept the	he appointment as reg	gistered	
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flor	ida Statutes.					
SIGNATURE								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent s	signature required	when reinstating)	DATE		_ ا
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Agent s	signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	<u> </u>	RS IN 12	(80/
12.			<u> </u>	signature required	ADDITIONS/CHANGES TO OFFIC	<u> </u>	RS IN 12	(41/08)
	OFFICERS AND	DIRECTORS	13.	signature required		ERS AND DIRECTOR		34 (11/08)
TITLE	OFFICERS AND	D DIRECTORS	13. 1,1 TITLE		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR		E034 (41/98)
TITLE NAME	OFFICERS AND D BATCHELOR, GEORGE E	D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	ADORESS	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR		P2E034 (41/98)
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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 or the receiver or trustee empowered to execute this report as required by Chanter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with all other like engrowered.

SIGNATURE: