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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90212 033 ***150.00

DOCUMENT # P93000084346

Corporation Name

STREET ADDRESS

1,5	INSULTING, INC.							
Principal Place	e of Business	Mailing Address				ADDIE ANIAN 18411 AVNAN JUST	Aftin altı (44)	
2600 SW 37TH		2600 SW 37TH AVENUE						
SUITE 901 SUITE 901					DO NOT WEITE	IN THE SPACE		
CORAL GABLES FL 33134 CORAL GABLES FL 33134				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			1	
US : US					12/09/1993			
2. Principal P	lace of Business	2a. Mailing Address	<u>-</u>		4. FEI Number	I A	pplied For	
21	add of Basinoop	26			65-0459664	. N	ot Applicable	1
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional		
22 27						Fee R	equired	==
City & State				6. Election Campaign Financing	1 1	May Be		
23 28 75		Country		Trust Fund Contribution		to Fees		
Zip	Country	Zip	30		This corporation owes the currer Personal Property Tax.	nt year intangible	□No	
24	9. Name and Address of Curre		30		10. Name and Address of New Re			1
	or reality distances or conference		81	Name				
	nley J. Ma genheime r		82	Street Addr	ress (P.O. Box Number is Not Acceptable	le)		1
	SW 37 AVENUE			Olicel Addi	633 (1.0. 50) 1131150, 10 1151, 10005123			
	E 901		83					}
СОН	IAL GABLES FL 33134		84	City		- 85 Zip	Code	
				1 -		FL "		ļ
11. Pursuant office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State	io2 and 607.1508, Florida Statute e of Florida. Such change was au	es, the above thorized by	the corporation	oration submits this statement for the proofs board of directors. I hereby accept	the appointment as re	egistered	
J -	m familiar with, and accept the oblig	jations of, Section 607.0505, Flor	ida Statutes	5.		•		
agent. I a	m familiar with, and accept the oblig		ida Siatutes	S. Int signature require	d when reinstating)	DATE		á
J -	Signature, typed or printed name of registered ag	pent and title if applicable. (NOTE:	Registered Age	5.		CERS AND DIRECTO		00,7
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOTE:	Registered Age 13. 1.1 TITLE	nt signature require	d when reinstating)		DRS IN 12	(44,00)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A D MAGENHEIMER, S J	nent and title if applicable. (NOTE: ND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME	nt signature require	d when reinstating)	CERS AND DIRECTO		007 (44,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A D MAGENHEIMER, S J 7757 S.W. 86TH STREET, C1	nent and title if applicable. (NOTE: ND DIRECTORS	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature require	d when reinstating)	CERS AND DIRECTO		(44,00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A D MAGENHEIMER, S J	nent and title if applicable. (NOTE: ND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature require	d when reinstating)	CERS AND DIRECTO		0001004 (44,000)
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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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE;