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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000042488

STREET ADDRESS

CITY-ST-ZIP

SPACER CORPORATION	
Principal Place of Business Mailing Address	
US MICHAEL C SOLOS	DT WRITE IN THIS SPACE
US 3. Date Incorporated or Q 06/07/1994	Qualifed
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
26 65-0496379	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Dec	sired \$8.75 Additional Fee Required
22 27 3. Certificate of Gladus Box	Fee Required
City & State City & State 6. Election Campaign Final Campaign Fina	11
Zip Country Zip Country 8. This corporation owes	
	ha#
24 25 29 30 Personal Property Tax.  9. Name and Address of Current Registered Agent 10. Name and Address of	
81 Name	,
ANGEL SUANEZ, CPA	Acceptable
C/O KARREL AND COMPANY PA	Acceptable)
1000 BRICKELL AVE, SUITE 900 83	
MIAMI FL 33137	
84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereb	t for the purpose of changing its registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	by accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	DATE
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATUR