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Feb 16, 1999 8:00am  
Secretary of State

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PROFIT CORPORATION  
ANNUAL REPORT  
1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000023774

1. Corporation Name  
BLOOMINGDALE INVESTMENT, INC.



Principal Place of Business

21205 YACHT CLUB DRIVE  
SUITE 1905  
AVENTURA FL 33180  
US

Mailing Address

21205 YACHT CLUB RIVE  
SUITE 1905  
AVENTURA FL 33180  
US



DO NOT WRITE IN THIS SPACE

sealable Fonts

3. Date Incorporated or Qualified

03/17/1997

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

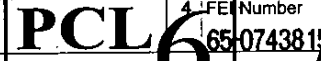


2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip



MEM Memory Enhancement technology 2 MBytes

4. FEI Number

65-0743815

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. Trust Fund Contribution

8. This corporation owes the 1997 Real Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

VAZQUEZ DAISY  
21205 YACHT CLUB DRIVE  
SUITE 1904  
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent (or title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LaserJet 6P

1/29/99 (305) 935-1775

CR2E034 (11/98)