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PROFIT *CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000078854**1. Corporation Name

STREET ADDRESS

SIGNATURE:

PANIRY INVESTMENT CORPORATION

Principal Plac	ce of Business	Mailing Address		. 136000000000000000000000000000000000000	(11 06 511 10 111 60 151 1 000		E1111 B191 E11
19530 NE 23 A		19530 NE 23 AVE			۔ عالم مساعلیں وہو پہ		
N-MIAMI-BEACI	H-FL-33180	N MIAMI BEACH FL 33180		DO NOT	WOITE IN THIS OF	3405	•
er i		• 6		3. Date Incorporated or Qual	WRITE IN THIS SP	ACE	·
				09/11/1997	lied		
2 Principal P	Place of Business	2a. Mailing Address		4. FEI Number		And	plied For
21	100 011000	26		65-0782718		1	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03 07 02 7 10		\$8.75 A	
22	•	27		5. Certifcate of Status Desire	ed 🗆	Fee Red	
City & Stat	te	City & State		6. Election Campaign Finance	zina —	\$5.00	May Re
23		28		Trust Fund Contribution	a 🗆	Aggled to	
Zip	· Country	Zip	Country	8. This corporation owes the	current year Intang	gjøle	
24	25	29	30	Personal Property Tax.	7	Yes i	□No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of No	ew Registered Ag	ent	;
DANI	IDV IACOB		81 Name				
1953	IRY, JACOB 30 NE 23 AVE		82 Street Add	dress (P.O. Box Number is Not Acc	ceptable)		
, NMI	IAMI BEACH FL 33180		83	10 3 The 12 The		1.13 (18)	911 45 W
			84 City			(((((((((((((((((((800 (1) (1) (1) (1) (1)
a tope a series a			84 City		FL !	85 Zip'C	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above-named cor	poration submits this statement for tion's board of directors. I hereby a	the purpose of cha	anging its r	registered
	im familiar with, and accept the obliga			adit a board of directors. Thereby a	ocopi ale appoint		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ım familiar with, and accept the obliga	tions of, Section 607.0505, Flori	da Statutes.	ŕ		g	
agent. I a	m familiar with, and accept the obligation of registered ager	tions of, Section 607.0505, Flori nt and title if applicable. (NOTE: F	da Statute's. Registered Agent signature requir	red when reinstating) :	DATÉ		
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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 concoration 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

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90057 011 ***150.00