PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98	3000033330
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1, Corporatio	FOUR BISCAYNE CORP.	, JUS	500 i				
Principal Plac	e of Business	Ma	ailing Address		F TABILITA FEB SOFER COSTS DOSES NOTES OBSER	iliku anda masa i	EITÕI IIRI ENAI
2115 NE 191ST	•		5 NE 191ST DRIVE RTH MIAMI BEACH FL 3	3179	DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 04/10/1998		
2. Principal P	Place of Business	2a.	Malling Address		4. FEI Number 65-0830375	<u> </u>	plied For t Applicable
Sulte, Apt.	. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22	<u>نيا و دار د هن د نياوه د دار د ساي سا</u>	27					
City & Stat	te .	28	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
Zip	Country	- 20	Zip	Country	8. This corporation owes the current year Int		
24	25	29		30	Personal Property Tax.		□No
	9. Name and Address of Curre	nt Regis	tered Agent		10. Name and Address of New Registered	Agent	
317	IN, DONALD 71ST ST MI BEACH FL 32301			81 Name BARF 82 Street Add ZN 5	tress (P.O. Box Number is Not Acceptable)		
•	»*			84 City MV	LM BEACH FL		179
	to the continue of Continue CO7 DE	nn and E	07 1508 Florida Statute		4	changing its	registered
11. Pursuant office or r agent. I a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the obliga	etions of,	Section 607.0505, Flor	s, the above-named con thorized by the corporati ida Statutes.	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appoint	changing its nument as reg	registered distered
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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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; 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 CTTY- ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

305-652-40*78*

FILED

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90002 015 ***150.00