FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000034876**1. Corporation Name

SAFONE, INC.

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90012 027 ***150.00

SAFUNE	, INC.							
Principal Place	e of Business	Mailing Address		_			IN TERM BINDE IN IN	18010 BALL (\$80)
326 191ST ST.	5. 20000	326 191ST ST.						
MIAMI FL 33160	0	MIAMI FL 33160				DO NOT WRITE IN THI	S SPACE	-
						3. Date Incorporated or Qualifed		
						04/14/1998		į
2. Principal Pl	lace of Business	2a. Mailing Addre	ess	_		4. FEI Number	Ap	plied For
21		26				65-0829590		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired	- \$8.75 A	
22		27				v. Certificate of Status Desires	Fee Re	
City & State	e	City & State				6. Election Campaign Financing	\$5.00	-
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	(Country ∃		8. This corporation owes the current year li	ntangible Yes	□No
24	25	29	30	<u> </u>		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Cur	rent Registered Agent		81	Name	to. Name and Address of New Registered	Agent	
MEN	ish, herbert							
	191ST ST.			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	VII FL 33160			83				

				84	City	F	85 Zip (Code
office or re agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such chand	ae was autho	onzed by	the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pintment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Re	gistered Ager	nt signature required			
12.	,	AND DIRECTORS	,	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D	· L DE	ELETE	1.1 TITLE		•	Change	Addition
NAME	MENSH, HERBERT			1.2 NAME				ļ
STREET ADDRESS	326 191ST ST.			1.3 STREET	f ADDDECC			
CITY-ST-ZIP	MIAMI FL 33160		1	1.3 STREE	ADDRESS			
TITLE			51.575	1.4 CITY-S			Change	Addition
NAME		□ D£	ELETE	1.4 CITY-S 2.1 TITLE			Change	☐ Addition
		DE	ELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME	T-ZIP		Change	Addition
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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.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

8 99

305 931 8405

Daytime Phone #

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