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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # POROCOSOGO 2

Apr 06, 1999 8:00 am Secretary of State

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1. Corporatio	•		0002				(
PERMIT	S REQ'D, INC.										
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Principal Plac	ce of Business	M	Mailing Address					111 40 161 91	ISA IBILA ATI	46:14 (16: 146)	
911 N. VENETIA	AN DR	91	II N VENETIAN DR								
MIAMI BEACH	FL 33139	M	HAMI BEACH FL 33139				DO NOT WRITE IN	A THIS S	PACE		
				٠			Date Incorporated or Qualifed		, YOL		l
}							07/06/1998				
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		I	pplied For	
21		26	26				65-085412	\sim	. 1	lot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired	. •		Additional]
22			27				5. Certificate of Glatida Besiled	<u></u>	Fee F	gequired	ļ <u> </u>
City & State			City & State				6. Election Campaign Financing \$5.00 May Be				
23		28					Trust Fund Contribution			to Fees	
l Zip ├─┐	Country		Zip Co.				8. This corporation owes the current year Intangible Personal Property Tax No				
24	9. Name and Address of Curren	29 29	etorod Agont	30	1		Personal Property Tax. 10. Name and Address of New Regis			27140	
	3. Name and Address of Curren	ic regis	stered Agent		81 1	Name	To: Halle and Addies of New Helps	101047	90111		İ
LOP	PEZ, MILAGROS				L						Į
911 N VENETIAN DR						Street Addre	reet Address (P.O. Box Number is Not Acceptable)				
MIA	MI BEACH FL 33139				83						
						0'			las Zie	Codo	ļ
1					84 (City		FL	85 Zip	Code	}
11. Pursuant	to the provisions of Sections 607.050	2 and 6	607.1508, Florida Statu	ites, the a	bove-n	named corpor	ration submits this statement for the purp	ose of cl	hanging it	s registered .	
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	nor Hon	ida. Such change was	autnonzec	i by the	e corporation	's board of directors. I hereby accept the	арропи	ineur as r	egistereu	ι
l agent.⊤a	sin iaminai wiin, and accept the obliga	ationis oi	r, Section 607.0505, Fi	onda Stati	utes.		•				ĺ
"	an rammar with, and accept the obliga	ations of	r, Section 607.0505, Fi	onda Stati	utes.		·				
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SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title	o if applicable. (NOT	E: Registered	l Agent si	ignature required	when reinstating) ADDITIONS/CHANGES TO OFFICE	RS AND			60,7
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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:

