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 # P98000061772

1. Corporation Name PLATINUM SOUTH, INC. U

2255 Suppresses Blud.

Principal Place of Business

Mailing Address

(same)

May 15, 1999 8:00 am Secretary of State

05-15-1999 90013 014 ***150.00

			DO NOT WRITE IN THIS SPACE		
North Miami Beach,	FC 33160		3. Date Incorporated or Qualified 8		
2. Principal Place of Business	2a. Mailing Address	·	4. FEI Number	Apr	plied For
n	26		4. FEI Number 65 -0850628	Not	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 A	dditional
2	27		5. Certifcate of Status Desired	Fee Red	
City & State	City & State		6. Election Campaign Financing	\$5.00	May Ro
3	28		Trust Fund Contribution	Added to	•
Zip Country	Zip	Country	8. This corporation owes the current ye		
25	29	30	Personal Property Tax.		□No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
Love T. T. inalla	Ec.	81 Name			
COUIS V. Ierminello, ESQ.					
Louis J. Terminello, Esq. 2700 S.W. 37+h Ave.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
Miami, FL 3313		83			
, , , ,		84 City		FI 85 Zip C	ode
 Pursuant to the provisions of Sections 607 office or registered agent, or both, in the S agent. I am familiar with, and accept the of SIGNATURE 	tate of Florida. Such change was aut	horized by the corporation			
Signature, typed or printed name of registered	agent and title if applicable. (NOTE: F	Registered Agent signature require	d when reinstating) DA	ATE	
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 12
TILE PSD.	☐ DELETE	1.1 TITLE		Change	☐ Addition
TREET ADDRESS 310 COFFEE POET RI		1.2 NAME			
TREET ADDRESS 210 COFFEE POE RI	viera	1.3 STREET ADDRESS			
MY.ST.ZIP St. Petersbur	a FL 33704	1.4 CITY-ST-ZIP			
TLE VP-T-D	DELETE	2.1 TITLE		Change	Additio
IAME Russell Rosent	-bal	2.2 NAME			
TREET ADDRESS 1833 Beech St.	,	2.3 STREET ADDRESS			
ary-st-zip Atlantic Beac	h NU 11509	2. 4 CiTY-ST-ZIP			
TILE THE THE	DELETE	3.1 TITLE		Change	Addition
	C 250016				
JAME		3.2 NAME	·	-	
TREET ADDRESS		3 3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP			

CITY-ST-ZIP 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or or, an attachment with an address with all other like empowered.

4.1 TITLE

4. 2 NAME

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP 5.1 TITLE

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SYSNING OFFICER OR DIRECTOR

□ DELETE

□ DELETE

DELETE

☐ Change

Change

Change

Addition

☐ Addition

☐ Addition

CR2E034 (11/98)