PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

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EUEN H	IOLDINGS COMPANY]					
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Principal Place		Mailing Address	÷	1					
3785 N.W. 82N	DAVENUE	3785 N.W. 82KD AVENUE Suite 312							
MIAMI FL 33166 MIAMI FL 33166 .)	DO NOT WE	RITE IN THIS	SPACE		_
				1 " "	te Incorporated or Qualife	d			l
} _					7/30/1998			,	
2. Principal P	lace of Business	2a. Mailing Address	- 11/1/	4. FE	65-0861	270		oplied For	4
21 7475	5 SW 144 ST	28 9415 50	J 144 S	27	<u>65-0862</u>	3//		ot Applicable Additional	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Ce	rtificate of Status Desired	X	V	equined	
City & Stat		City & State	ti.	1 - '	ection Campaign Financing	, D		May Be to Fees	
23 1 1 1 Zip	AMI FC	28 1 AM 1	Country		ust Fund Contribution is corporation owes the cu	mont was late		10 1 000	1
3317	[25]	29 72/76 3			rsonal Property Tax.	HIGH YOU HAZ	Yes	□No	1-
	9. Name and Address of Current		"		me and Address of New	Registered /	Agent]
		· · · · · · · · · · · · · · · · · · ·	81 Name	ADIF	3 EDEN				1
EDE	N, ABIB - ADIB		82 Street A		Box Number is Not Accep	stable)			1
1	5 N.W. 82ND AVENUE		9	415	SW 144	<i>S</i> 7]
1	TE 312		83		•				
MUA	MI FL 33166		84 City				85 Zio	Code	1
			1 1	11AM	<u> </u>	<u>FL</u>	113	3/76	1
11. Pursuant office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligation	and 607.1508, Florida Statutes f Florida, Such change was auti	, the above-named o sorized by the corpo	corporation su ration's board	omits this statement for the of directors. I hereby accurate	e purpose or o ept the appoir	changing is itment as re	gistered	
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.						1
1									1
SIGNATURE	Simplers typed or printed have of registered agent					DATE			٫
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	egistered Agent signature re	quired when reinst		DATE	D DIRECTO	ORS IN 12	ا ۋ
L		and title if applicable. (NOTE: R	egistered Agent signature re	quired when reinst	abing)	DATE			14.000
12.	OFFICERS AND	and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME	quired when reinst	olog) DITIONS/CHANGES TO O	DATE	D DIRECTO	ORS IN 12	734 744 700)
12.	D OFFICERS AND EDEN, ADIB 3785 N.W. 82ND AVENUE	and title if applicable. (NOTE: R	13.	quired when reinst	olog) DITIONS/CHANGES TO O	DATE	D DIRECTO	ORS IN 12	00000
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12. TITLE NAME STREET ADDRESS	D OFFICERS AND EDEN, ADIB 3785 N.W. 82ND AVENUE	and title if applicable. (NOTE: R	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-57-ZP 2.1 TITLE	quired when reinst	olog) DITIONS/CHANGES TO O	DATE	D DIRECTO	ORS IN 12	CD0F004 (44,000)
12. TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME	D D EDEN, ADIB 3785 N.W. 82ND AVENUE MIAMI FL 33168	and title if applicable. (NOTE: R) DIRECTORS \[\begin{array}{ccc} \text{DELETE} \end{array}	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY- 5T- ZP 2.1 TITLE 2.2 NAME	quired when reinst	olog) DITIONS/CHANGES TO O	DATE	D DIRECTO	DRS IN 12	CD0F6024 (44,600)
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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 against my signature shall have the same legal effect as if made under eath; 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 a statistical other like empowered.

SIGNATURE: