

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

FILED

99 FEB 22 AM 9:25

SECRETARY OF STATE TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: 10/28/1998
4. FE Number: 65-0879896
5. Certificate of Status Desired: []
6. Election Campaign Financing Trust Fund Contribution: []
7. This corporation owes the current year Intangible Personal Property Tax: [] Yes [X] No
10. Name and Address of New Registered Agent

DOCUMENT # P98000091683

1. Corporation Name: SLIM CENTER CORP.

Principal Place of Business: 169 EAST FLAGLER STREET SUITE 1527 MIAMI FL 33131
Mailing Address: 169 EAST FLAGLER STREET SUITE 1527 MIAMI FL 33131

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields for additional locations.

9. Name and Address of Current Registered Agent: THOMPSON, DISNEY 169 EAST FLAGLER STREET SUITE 1527 MIAMI FL 33131

81. Name, 82. Street Address, 83, 84. City, FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title, applicable (Date: Register Agent's Signature and Title, if applicable) (Date)

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows for OFFICERS AND DIRECTORS 12.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: DANIEL JABAZ 2-18-99 38-3819188