PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAI:TMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90212 038 ***150.00

DOCUMENT # POROGOODAGA

| 1. Corporation | | | | | 1 | | | | | |
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| Principal Place | of Business | Mailing Address | | | | t izditent lid idlet inter nore | er aftit fratte | EMELLE ALEKT MEMLE | r Billi Giğl camı | |
| 2121 PONCE DE LEON BLVD. 2121 PONCE DE LEON BLV | | | .VD. | D. | | | | | | |
| SUITE 271 SUITE 271 | | | A4.A4 | | 1 | DO NOT WRITE IN THIS SPACE | | | | |
| CORAL GABLES | 5 FL 33134 | CORAL GABLES FL 33134 | | | - | 3. Date in corporated or Qualifed | | | | 7 |
| | | | | | ' | 10/30/1998 | | | | } |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | - - | | | . CELAL bas | 92 | Ar | plied For |] |
| 21 | | 26 | | | | 65-08734 | 0- | | ot Applicable | Į |
| Suite, Arl. | #, etc. | Suile, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Ac ditional | |
| 22 | | 27 | | | - | | | | | ┨ |
| City & State | e <u>-</u> | City.& State | | - | 1) 1 | \$,-Election Compaign Financing Trust Fund Contribution | | | Nay Be to Fees | |
| Zip | Country | Zip | Cou | ntry | | B. This corporation owes the curre | ent vear in | | | 1 |
| | 25 | 29 | 30 | • | _ | Person al Property Tax. | | Yes | []No | |
| | 9. Name and Address of Current | | | | | 0. Name and Address of New R | egistere j | Agent | | |
| | | | | 81 Name | | | | | | } |
| | A, ALBERT P | | | 82 Street | Address | (P.O. Box Number is Not Acceptate | ble) | | | 1 |
| 2121 PONCE DE LEON BLVD. SLITE 271 | | | | - | | | | | | - |
| | AL GABLES FL 33134 | | | 83 | | | | | | 1 |
| OOM | AL GADGES 12 GO 104 | | | 84 City | | | FL | 85 Zip | Code | Į |
| 44 Dispusa at | the amining of Sections 607 0503 | and 607 1508 Florida Statu | es, the al | pove-named | corporati | on submits this statement for the p | purpose of | changing its | r sgistered | 1 |
| - office or re | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati | Florida, Such change was a | uthorized | by the corpo | ore tion's | board of cirectors. I hereby accept | t the appoi | intm o nt as re | g stered | Ì |
| | m rankitat with, and accept the congac | This or, assertion out, page, the | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | 1 |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOT | Registered | Agent signature re | eqt red when | n reinslating) | DATE | | | ءِ ا |
| | | | | | | | TOCOC VA | ID DIDECTO | 1E (C 1M 42 | |
| 12. | | DIRECTORS | 13, | | | ADDITIONS/CHANGES TO OFF | ICERS .\ | | | 1 3 |
| TIFLE | PVST | | 1.1 717 | | | | ICERS A | D DIRECTO | OF:S IN 12 Addition | |
| TIFLE NAME | PVST MATHUR, BENOIT | DIRECTORS | 1.1 TH 1 2 NA | ME | | | ICERS .\ | | | 3777 760- |
| TIFLE NAME STREET ADDRESS | PVST MATHUR, BENOIT 2 RUE DES MARINIERS 37240 | DIRECTORS | 1.1 TIT 1 2 NA 1.3 ST | ME REET ADORESS | | | ICERS .V | | | 00000 |
| TIFLE NAME | PVST MATHUR, BENOIT | DIRECTORS | 1.1 TIT 1 2 NA 1.3 ST | ME REET ADORESS | | | ICERS .W | | | 20200 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST MATHUR, BENOIT 2 RUE DES MARINIERS 37240 FRANCE | DIRECTORS DELETE CHOUZE SUR LOIRE | 1.1 TH 12 NA 1.3 ST 1.4 CR | ME REET ADORESS IY-ST-ZIP | | | ICERS.N | ☐ Change | Addition | 0000000 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | PVST MATHUR, BENOIT 2 RUE DES MARINIERS 37240 FRANCE D | CHOUZE SUR LOIRE | 1.1 TIT 12 NA 1.3 ST 14 CD 2.1 TIT 22 NA | ME REET ADORESS IY-ST-ZIP | | | ICERS.A | ☐ Change | Addition | CD2F024 444 K |
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statules, 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 replayer by 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 change i, or offer after metric with an address, with all other like empowered.

SIGNATURE: