FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name NIM OCDUJOCO INO

STREET ADDRESS



DOCUMENT # P98000107004

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 04, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

05-04-1999 90213 043 ***150.00

EI WITT OEI	VICES, INC.					
Principal Place	o of Rusiness	Mailing Address				
•		C/O FRED K. LICKSTEIN				
c/o fred K. Lik 100 s.e. 2nd st	REET, 17TH FLOOR	100 S.E. 2ND STREET. 17TH	FLOOR			
MIAMI FL 33131		MIAMI FL 33131		DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed		
		To Ad-Street Address of		12/28/1998		oliad Con
·	lace of Business	2a. Mailing Address		4. FEI Number	 	olied For Applicable
21 2 0 5 N Suite, Apt.	.F. 179th Street	Suite, Apt. #, etc.		65-0882913	\$8.75 A	
	#, etc.	H ' '		5. Certifcate of Status Desired	Fee Rec	
City & State	e	City & State		6. Election Campaign Financing	\$5.00	May Re
23 Miami		28		Trust Fund Contribution	Added to	
		Zip	Country	8. This corporation owes the current year	Intangible	N.a
33162	-1088 Country -1088 Miami Dade	29	30	Personal Property Tax.		No
•	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent	
LICKS	TEN EDED V		81 Name Dale	U. Moseley, Sr.		
	stein, fred K B.E. 2nd street, 17th floor		82 Street Addr	Ponce De Leon Road	-	
	I.E. 2ND STREET, 17TH FLOOR			Ponce Deviceon Road		
IANTAN	112 33131		83			
			84 City	F	L 85 Zip C	ode 2
44 Durament	to the provinces of Continue 607 0503	and 607 1509 Florida Statute	Miami	areting authorite this statement for the purpose	of changing its	registered
office or re	egistered agent, or both, in the State of	f Florida. Such change was au	thorized by the corporation	on's board of directors. I hereby accept the app	ointment as reg	jistered
agent, i ai	m tamiliar with, and accept the obligation	ons of, Spection 607.0000, Flori	ida statutes.		_	
	11 2 4 6 //10/	- alan	Drag Dan 1	- u/28	laa	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	Registered Agent signature require	d when reinstating) DATE	199	
SIGNATURE	1 Soul W	and title if applicable (NOTE:	Trestan 1	4/28	199 AND DIRECTOR	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable (NOTE:	Registered Agent signature require	d when reinstating) DATE	199	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND Dale U. Moseley,	and title if applicable (NOTE: D DIRECTORS Sr DELETE	Registered Agent signature require	d when reinstating) DATE	199 AND DIRECTOR	RS IN 12
signature 12. Tifle Pres	Signature, typed or printed name of registered agent OFFICERS AND Dale U. Moseley, 8600 Ponce De Le	and title if applicable (NOTE: DIRECTORS Sr DELETE On Road	Registered Agent signature require 13. 1.1 TITLE	d when reinstating) DATE	199 AND DIRECTOR	RS IN 12
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SIGNATURE 12. TITLE Pres NAME STREET ADDRESS CITY- ST- ZIP TITLE	Signature typed or printed name of registered agent OFFICERS AND Dale U. Moseley, 8600 Ponce De Le Miami, FL 33143	and title if applicable (NOTE: DIRECTORS Sr DELETE On Road	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	d when reinstating) DATE	199 AND DIRECTOR	RS IN 12
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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 or the receiver or rustee 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 of an attachment in address, with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE: Jr. 4/14/99 (305)652-2944