


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

FILED  
Jan 25, 1999 8:00am  
Secretary of State

01-25-1999 90005 007 \*\*\*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M03134</b>					
1. Corporation Name <b>PINCHASIK, STRONGIN, MUSKAT, STEIN &amp; COMPANY, P. A.</b>					
Principal Place of Business <b>3225 AVIATION AVE #500 MIAMI FL 33133</b>			Mailing Address <b>3225 AVIATION AVE #500 MIAMI FL 33133</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/25/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2427890	
24 Country		30 Country		5. Certificate of Status Desired	
25		29		8. This corporation owes the current year Intangible Personal Property Tax.	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
YELEN, MITCHELL A. 3225 AVIATION AVE #500 MIAMI FL 33133		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City			
		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 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 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: Mark Pinchasi SIGNATURE REQUIRED

1/6/99

305-585-8600

CR2E034 (1/98)