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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 06, 1999 8:00am Secretary of State

,	1999	DIVIDIOIVOI V	CONFORMIONS	02 06 1000 00000 026 **	bb150.00
DOCUMENT # P97000068183 1. Corporation Name				02-06-1999 90009 026 ***	**150.00
ANCIEN	IT MOSAIC STUDIOS, INC.	The state of the s	2 1/4 mm and a second		
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1 .	ce of Business	Mailing Address	ر المعادية والمعادات	THE STATE OF THE S	
14650 NW 24T OPA-LOCKA F	: 54° (\$1.72) 60	14650 NW 24TH CT OPA-LOCKA FL 33154	•		
UFA-LOURA F	L 33134 #################################	OFA-LOOKA FE 33134	Market Replan	DO NOT WRITE IN T	HIS SPACE
				3. Date Incorporated or Qualifed	
		a decide of the con-		08/05/1997	A CONTRACTOR OF THE CONTRACTOR
⊢ '	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	# etc	Suite, Apt. #, etc.		65-0785228	Not Applicable
22	. II , GIO.	27		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	9. Name and Address of Current	29	30	Personal Property Tax. 10. Name and Address of New Register	Yes □No
	1.18.17	r registered Agent	81 Name	10. Name and Address of New Register	ed Agent
	ROWITZ, STUART, A	•	82 Street Ad	Harry (D.O. Day Marshard Mat Avenue M.I.)	
20 FARN DR., #4			62 Street Ad	Idress (P.O. Box Number is Not Acceptable)	73 A
BAL	. HARBOR FL 33154		83		数数的数据数据数
	ON AN		84 City	The state of the s	- 85 Zip Code
erense villeren		ear that the ear		<u> </u>	-L - - -
office or	registered agent, or both, in the State of	2 and 607.1508, Florida Statute of Florida. Such change was au	es, the above-named co uthorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505, Flor	ida Statutes.	• •	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requ	ired when reinstating) DATE	
12.	; OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P CTUART A	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOROWITZ, STUART A 14650 NW 24TH CT	•	1.2 NAME		
STREET ADDRESS	OPA-LOCKA FL 33054		1.3 STREET ADDRESS		
CITY-ST-ZIP	OF A LOCKA TE GOOD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		
NAME		. —	E. 1 711 E.E.		Change Addition 9
STREET ADDRESS			2.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP			2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition 6
	· · · · · · · · · · · · · · · · · · ·	7			☐ Change ☐ Addition 6
TITLE COLOR		, DELETE	2.3 STREET ADDRESS		☐ Change ☐ Addition ☐
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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 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 chapted, or on an attagment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

764-12;

CR2E034 (11/98)