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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$16862

1. Corporation Name

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90087 005 ***150.00

MONTEF	EL, INC.						
Data sia al Diago	of Prinings	Mailing Address				il a (jah dibil diani dibil	BIBIK BIBII BIBII IBBI
Principal Place		<u> </u>					
16932 SW 5 WAY 1304 SW 160 AVE FT LAUDERDALE FL 33326 STE 2170							
		FT LAUDERDALE FL 33326	FL 33326		DO NOT WRIT	TE IN THIS SPACE	
		US			3. Date incorporated or Qualifed		
					12/04/1990		1
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
	12 S.W. FIFTHWAY	26			65-0242107		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			,	\$8.	75 Additional
22		27			5. Certifcate of Status Desired	□. Fe	e Required
City & State	e a terral agreement of the terral agreement	City & State			6. Election Campaign Financing	\$5	.00_May Be
23 WE	STONS FLORIDA	28			Trust Fund Contribution	Ad	ded to Fees
Zip A =	Country	Zip	Country		8. This corporation owes the curr		
24 J 33	326 ₂₅ <i>U.S.A.</i>		30		Personal Property Tax.	Yes	No
	9. Name and Address of Current	Registered Agent	-		10. Name and Address of New F	tegistered Agent	
	PPPPI ASADTINI		81	Name			
	ITEFEL, MARTIN		82	Street Add	Iress (P.O. Box Number is Not Accepta	ible)	
	2 SW 5 WAY			_	<u> </u>		
FTL	AUDERDALE FL 33326		83		·		
			84	City		85	Zip Code
				J		FL °°'	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above	e-named con	poration submits this statement for the	nurpose of changing	ng its registered
office or n	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was au ons of, Section 607.0505, Flori	ithorized by ida Statutes	the corporati	ion's poard of directors. Thereby accep	nurpose of changing	ng its registered as registered
office or n agent. I a	egistered agent, or both, in the State om familiar with, and accept the obligation of the state of registered agent signature, typed or printed name of registered agent	f Florida. Such change was au ons of, Section 607.0505, Flori and title if applicable. (NOTE:	ithorized by ida Statutes Registered Agen	the corporati	ed when reinstating)	purpose of changing the appointment	as regisiored
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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 supplied ental 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: