Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90028 015 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 584709

1. Corporation Name

i ohion ii	nvestme	NT AND N	Managemen	IT LTD. CORP.					
								<u> </u>	181
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Principal Place	of Business			Aailing Address					
9000 SW 152ND ST P.O. BOX 560607									
SUITE 106 MIAMI FL 33256							DO NOT WRITE IN TH	IS SPACE	
MIAMI FL 33157 US					•		3. Date Incorporated or Qualifed	IO OF AGE	
03							09/12/1978		
2. Principal Pl	lace of Busin	A88	22	. Mailing Address			4. FEI Number	Applied For	
21				26		59-1845874	Not Applicat	ble	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			\$8.75 Additional		
22			27	27			5. Certifcate of Status Desired	Fee Required	
City & State				City & State		6. Election Campaign Financing	\$5.00 May Be	ĺ	
23			28			Trust Fund Contribution	Added to Fees		
Zip	-	Country	_	Zip 3	Country		8. This corporation owes the current year I		
24		25	29		30		Personal Property Tax.	Yes No	
	9. Name	and Address	of Current Regi	istered Agent	81 Na		10. Name and Address of New Registere	u Agent	
BRO'	WN R MAI	CKAY				Km	wn. B Mackay		
BROWN, B. MACKAY 7100 NORTH KENDALL DRIVE					82 St	reet Addr	ess (P.O. Box Number is Not Acceptable) +	£102_	
SUITE 100					83	100	0 30 132 31 7	<u>-10</u>	
I .	AI FL 33156	}							
. ,					84 Ci	ty	r F	L 85 Zip Code 33 15 (6
11. Pursuant	to the provisi	ons of Section	ns 607.0502 and	607.1508, Florida Stat	tutes, the above-na		andian automita this statement for the ourners	of changing its registere	d
office or re	egistered age m familiar wit	ent, or both, in	n the State of Flor	rida, Such change was of, Section 607,0505, F	authorized by the Florida Statutes.	corporatio	on's board of directors. I hereby accept the app	ointment as registered	
) agont. (a	ioninion (f.)	ii, ana accept	t and obligations a	,, 00000,, 001,,,,,,,,,,,,,,,,,,,,,,,,,					
LOCKLATURE									
SIGNATURE	Signature, typed	or printed name of	registered agent and titl	e if applicable. (NC	TE: Registered Agent sign	ature required			
12.			registered agent and titt	ECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
	PD	OFF			13. 1.1 TITLE	12	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
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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 changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP