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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



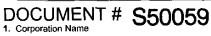
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

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

05-06-1999 90038 002 ***150.00



Principal Place of Business

MS ONE CORPORATION

15912 S.W. 92ND AVENUE Miami-FL 33157 US		15912 S.W. 92ND AVENUE MIAMI FL 33157 US			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 05/06/1991			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For	
· 1		26	6		65-0260416	N/	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	5. Certificate of Status Desired		
City & State	3	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip				Personal Property Tax. 8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No			□No	
	9. Name and Address of Curren				10. Name and Address of New Registered Age	ent		
				81 Name	• <u> </u>			
SONTAG, MICHAEL 15912 S.W. 92ND AVENUE				82 Stree	et Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33157				83				
				84 City	FL		Code	
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autations of, Section 607.0505, Florid	norized da Stat	utes.	d corporation submits this statement for the purpose of chaporation's board of directors. I hereby accept the appointm	nging its ent as re	registered egistered	
	Signature, typed or printed name of registered age			Agent signatur	e required when reinstating) DATE	NDECT(OPE IN 12	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND I	Change	Addition	
TITLE	D	☐ DELETE	1.1 ∏		_) Change	L. Addition	
NAME	SONTAG, MICHAEL W		1.2 N					
STREET ADORESS	15912 SW 92ND AVE.			TREET ADDRES	\$		Ī	
CITY-ST-ZIP	MIAMI FL	Floriere		TY-ST-ZIP		Change	Addition	
TITLE		☐ DELETE	2.1 TI			Johange		
NAME			2.2 N					
STREET ADORESS				TREET ADDRES	8			
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NAME			3.2 N					
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NAME			4. 2 N					
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CITY-ST-ZIP				ITY-ST-ZIP		7 Chanca	Addition	
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NAME .			6.2 N				ļ	
STREET ADDRESS			6.3 S	TREET ADDRES	SS			
CITY-ST-ZIP			-	ITY-ST-ZIP	<u> </u>			
44 11 -	Of H. Co. C. Comm. C. Comm. Co.	the state filting along not excelled for	the eve	metion ctat	ed in Section 119 07(3)(i). Florida Statutes, I further certify	that the	information	

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes, I have a certify 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 outhe 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 in an attachment with an address, with all other like empowered.

SIGNATURE

=450