

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V23150**

Corporation Name

**1651 NORTH COLLINS CORP.**

**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**

09-10-1999 90012 005 \*\*\*550.00



Principal Place of Business  
**INVESTMENT & MANAGEMENT LTD CORP**  
**1 S DADELAND BLVD., SUITE 1700**  
**MI FL 33156**

Mailing Address  
**9000 SW 152 ST #106**  
**9100 S DADELAND BLVD., SUITE 1700**  
**MIAMI FL 33157**  
**US**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>9000 SW 152 St.</b>		2a. Mailing Address <b>9000 SW 152 St</b>		3. Date Incorporated or Qualified <b>03/19/1992</b>	
Suite, Apt. #, etc. <b>Suite 106</b>		26 Suite, Apt. #, etc. <b>Suite 106</b>		4. FEI Number <b>65-0350574</b>	
City & State <b>Miami FL</b>		27 City & State <b>Miami FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>33157</b>		28 Zip <b>33157</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country <b>USA</b>		29 Country <b>USA</b>		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, B. MACKAY ESQUIRE**  
**C/O WHITE AND BROWN P.A.**  
**7100 NORTH KENDALL DRIVE SUITE 100**  
**MIAMI FL 33156**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**9000 SW 152 St Suite 102**  
83  
84 City **Miami** FL 85 Zip Code **33157**

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P SANZ, JOSEPH A 9100 S. DADELAND BLVD. SUITE 1700 MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>9000 SW 152 St Suite 106</b> <b>Miami FL 33157</b>
VP RICARDO, QUADRONI 9100 S. DADELAND BLVD., SUITE 1700 MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>9000 SW 152 St Suite 106</b> <b>Miami FL 33157</b>
S BUHRMASTER, NORMAN J 9100 S. DADELAND BLVD., SUITE 1700 MIAMI FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>9000 SW 152 St Suite 106</b> <b>Miami FL 33157</b>
	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

**SIGNATURE REQUIRED**

**9/7/99**

Date

**305-278-8400**

Daytime Phone #

CR2E034 (5/99)