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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 281482

MIAMIH	EPHIGERATION CORPORA	IION						
Principal Place	e of Business	Mailing Address			I I MANTION CHANGE SANTAL DEBUT AUSDAN SANTA		IOJI BIBLI IBOI	
% ROBERT SAI	LTZMAN	% ROBERT SALTZMAN			İ			
11462 SW 87TH TERRACE		•	11462 SW 87TH TERRACE					
MIAMI FL 33173		MIAMI FL 33173	MIAMI FL 33173		DO NOT WRITE IN THIS SPACE			
-	į.				3. Date Incorporated or Qualifed	:		
				-	05/18/1964			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For	
21	<u> </u>	26			59-1089730		t Applicable	3
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5, Certifcate of Status Desired	□ \$8.75 A		
22		27		***				
City & Stat	te	City & State			6. Election Campaign Financing	□ \$5.00°		_
23	- Constant	28	C	a ,	Trust Fund Contribution	Added t	o rees	
Zip	Country	Zip	Coun	uy	8. This corporation owes the curren		□No	
24	25	29	30		Personal Property Tax. 10. Name and Address of New Re			
	9, Name and Address of Currer	nt Registered Agent		B1 Name	10. Name and Address of New Ad	. ,	<u>-</u>	
SALT	TZMAN, ROBERT N			T Tairie				
1146	32 SW 87TH TERRACE	Fig.	[82 Street Add	Iress (P.O. Box Number is Not Acceptab	le)		
MIAMI FL 33173		•	83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Sta of Florida: Such change wa		, ,	poration submits this statement for the p ion's board of directors. I hereby accept	urpose of changing its the appointment as reg	registered gistered	
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	02 and 607.1508, Florida Sta of Florida: Such change wa ations of, Section 607.0505,		, ,	poration submits this statement for the p ion's board of directors. I hereby accept	urpose of changing its the appointment as rec	registered gistered	
11. Pursuant office or i agent. I a			atutes, the ab s authorized Florida Statut	ove-named corp by the corporati es.			registered gistered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (N	atutes, the ab s authorized Florida Statut	ove-named corp by the corporati es.	ed when reinstating)	DATE		
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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 of suppliemental 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 ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90050 029 ***150.00