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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90151 012 \*\*\*150.00

DOCUI	MENI # <b>4/6006</b>						
1. Corporation	Name						
PHOJEC	T ADVISERS CORP.				h radius nonce radiu more dates dates della della della della		IAII APAII (BA)
						ISBN DÍÐU GUÐU Ð	ibil 91711 (86)
Principal Place	e of Business	Mailing Address					
7425 SW 42ND STREET 7425 SW 42ND STREET							
MIAMI FL 33155 MIAMI FL 33155					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					05/09/1975		}
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	lied For
21 26			1		59-1699264	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		# Outlet - COLUMN Desired - D	\$8.75 A	dditional	
22	<del>-</del> 1			<u> سينوه شام</u> د سر	5. Certifcate of Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23	28			Trust Fund Contribution Added to Fee		Fees	
Zip			Country		8. This corporation owes the current year in		
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent	
COTI	EVEZ MICHENI		81	Name			
ESTEVEZ, MICHEAL 7425 SW 42ND ST				Street Addre	ss (P.O. Box Number is Not Acceptable)		
,							
MIAR	MI FL 33155		83				1
			84	City		85 Zip C	ode
				•	FL	<b>.</b>	1
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-	named corpo	ration submits this statement for the purpose of	changing its	registered
office or re agent, I a	egistered agent, or both, in the State m familiar with, and accept the obliga	tions of, Section 607.0505, Flori	ida Statutes.	io corporation	n's board of directors. I hereby accept the appo	intinont do rog	,,,,,,,,,
SIGNATURE							
OIGHTIONE	Signature, typed or printed name of registered ager		Registered Agent s	signature required		ID DIDECTO	DC (N 40
12.		ID DIRECTORS	13.	1	ADDITIONS/CHANGES TO OFFICERS AF	Change	Addition
TITLE	· ·		1.1 TITLE	1		□ ¢iiaiige	
NAME	740C 0W 40 0T		1.2 NAME		•	1.	
STREET ADDRESS	ANADA CÎ		1.3 STREET A	(DDRESS			i i
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-	ZIP		☐ Change	Addition
TITLE	ST MICHAEL M	☐ DELETE	2.1 TITLE		,	Chlange	- Addison
NAME			2.2 NAME	İ			ĺ
STREET ADDRESS	7425 SW 42 ST.		2.3 STREET A	1			
CITY-ST-ZIP	MIAMI FL	—	- 2.4 CITY-ST	ZIP		☐ Change	Addition
TITLE	BARBELLA, NICHOLAS J	☐ DELETÉ	3.1 TITLE			LI Strange	
NAME	TAGE OW AG OT		3.2 NAME			•	
STREET ADDRESS		•	3.3 STREET A		• .		ļ
CITY-ST-ZIP	MIAMI FL	□ DELETE	3.4. CITY-ST-	ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE	`		change	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS		•		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		- 110	☐ Change	Addition
TITLE		₩ DEFEIE	5.1 TITLE 5.2 NAME		•		
NAME	` .		5.3 STREET A	DORESS		:	
STREET ADDRESS	· .	•	5.4 CITY-ST	1			ĺ
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition
TITLE		□ verric	6.2 NAME			دواساج دے	
NAME !	, · · · · · · · · · · · · · · · · · · ·		6.3 STREET A	ADDRESS	·	•	-
CTOCCT ADDDCCC			= UUUINLLI P				

14. 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 a property of the corporation of the corporation or the receiver or trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP