2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 05, 2004 08:00 AM Secretary of State

Warch 30,2004 (905) 477-699

1. Enlity Nam	MENT # 519637				Secretary or state
Principal Plac 800 WEST AV MIAMI BEACH	•	Mailing Address 800 WEST AVENUE C-1 MIAMI BEACH, FL 33139		7 aw w 1 10 t water	on 1800 for 1818 on 1800 on 1810 for an ordered on 1850 for all on 1850 on 1850 on 1850 on 1850 on 1850 on 1850
۵	O NOT WRITE		CE	03302004 4. FEI Numb NOT A	No Chg-P CR2E034 (10/03) er PPLICABLE Applied For Not Applicable of Status Desired \$8.75 Additional Fee Required
420 LINCO	RICHARD I. ESQ.		DO NOT WRITE IN THIS SPACE		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of negletered agent and tile if applicable. (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10. TITLE NAME STREET AODRESS CHY-ST-ZIP	OFFICERS AND DII PD HAUER, JACK 3000 WILLIAMS ISLAND BLV N. MIAMI BCH. FL.,	RECTORS		•	U00000102656 04/ <u>05/04</u> -80024-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS KROOP, RICHARD 800 WEST AVENUE C-1 MIAMI, FL 33139			Tanin	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAUER, AMY 3000 WILLIAMS ISLAND BLV N. MIAMI BCH, FL		,	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUER, AMY 3000 WILLIAMS ISLAND BLV N MIAMI BEACH, FL		paga e e entreses es		THIS SPACE
TITLE NAME STREET ADDRESS DITY-ST-ZIP			, , , ,	· — -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					