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

DOCUMENT # 519898

FREIDIN & BROWN, P.A.

Principal Place of Business

Mailing Address

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90038 017 ***158.75



44 W. FLAGLE								
	R ST.	44 W. FLAC	GLER ST.			,		
25TH FLOOR		25TH FLOC)R				*	
MIAMI FL 3313	an	MIAMI FL 3				DO NOT WRITE IN T	HIS SPACE	. ,
41171MI 1 C 0012	~					3. Date Incorporated or Qualifed]
•		•				1 .		ĺ
						12/08/1976		
2. Principal F	Place of Business	2a. Mailing	, Address			4. FEI Number	A	pplied For
21	· · · ·	26				59-1706803		lot Applicable
	# oto		Apt. #, etc.			33 1700000		Additional
Suite, Apt.	, #, 610.	}q	-г.р и , е.с.			5. Certifcate of Status Desired		
22		27					. Fee R	tequired
City & Star	ite .	City &	State			6. Election Campaign Financing	\$5.00	Mav Be
23		28				Trust Fund Contribution		to Fees,
	Country	Zip		Country				
—, Zip						8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	☐ Yes	□YNo
	9. Name and Address of Curren	t Registered A	gent			10. Name and Address of New Register	ed Agent	
				81	Name			
FRE	EIDIN, PHILIP ESQ.							
				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	WEST FLAGLER ST.					257 - 1 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	
SUL	TE 2500			83		新述不能稱為對於多數的次數數學	7 - 5 - 12.	312
MIA	MI FL 33130					2. 大利·拉拉克 "老 管理以下的人"		
				84	City		85 Zip	Code
	er. w					,	·∟ ∣ ∣	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508	Florida Statutes, th	ne above	e-named corpo	oration submits this statement for the purpose	of changing it	s registered
office or	registered agent, or both, in the State	of Florida. Such	change was author	ized by	the corporatio	oration submits this statement for the purposen's board of directors. I hereby accept the ap	pointment as r	egistered
कारी agent. Ita	am familiar with, and accept the obligat	tions of,:Section	1 607.0505, Florida S	Statutes.	•			1
SIGNATURE		ů.						· ·
O.O. I. I. O. I.E.	Signature, typed or printed name of registered agen	nt and title if applicable	. (NOTE: Regis:	stered Agent	t signature required	when reinstating) DATE		
12.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
TITLE	PS	*, *	☐ DELETE 1	1.1 TITLE		* ** ;	☐ Change	☐ Addition
	1					. '		, [—] , · , [
NAME	FREIDIN, PHILIP		1	1.2 NAME		· ·		/ 1
STREET ADDRESS	44 WEST FLAGLER ST.							
CITY-ST-ZIP	A414941 F1		. 1	1.3 STREET	ADDRESS			
	MIAMI FI							
	MIAMI FL		1	1.4 CITY-ST			Change	☐ Addition
TITLE	MIAMI FL		DELETE 2	1.4 CITY-ST 2.1 TITLE			☐ Change	Addition
NAME	MIAMI FL		DELETE 2	1.4 CITY-ST			☐ Change	☐ Addition
NAME	3		DELETE 2	1.4 CITY-ST 2.1 TITLE 2.2 NAME	r-zip .		☐ Change	Addition
NAME STREET ADDRESS	3		1 DELETE 2 2	1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS		∏ Change	Addition
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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 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 Chapte 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.