PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90078 029 ***158.75

1. Corporation	MEN # 589806				
	R-GENERAL CORPORATION				
COOLL	I GENERAL CONFORMION			1 : 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4	. 618 11 6 1811 6 1611 61611 61611 1661
}					
Principal Plac	ce of Business	Mailing Address	_ 		i 818)) 319)) 818)) 818)) 819)) 188)
175 FONTAINE	BLEAU BLVD	175 FONTAINEBLEAU BLVD			
SUTIE 1-K		SUITE 1-K			
MIAMI FL 3317	2	MIAMI FL 33172		DO NOT WRITE IN TH	IS SPACE
US		US		3, Date Incorporated or Qualifed	
2 Principal C	Place of Business	2a. Mailing Address		10/19/1978 4. FEI Number	
21	face of Business	2a. Walling Address		1 "	Applied For
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		59-1862631	Not Applicable \$8.75 Additional
22	,	27		5, Certificate of Status Desired	Fee Required
City & Stat	te ::	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I	ntangible
24	25		30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent
בחרו	600 100N N		81 Name		
FRESCO, JOHN M.				ress (P.O. Box Number is Not Acceptable)	
9971 S.W. 16TH STREET			1.4		
MIAMI, FL. K 33165			83		
			84 City		85 Zip Code
				FI	L.
11. Pursuant office or r	to the provisions of Sections 607.050; registered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida, Such change was aut	s, the above-named corp thorized by the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered
agent. I a	im familiar with, and accept the obligat	tions of, Section 607.0505, Flori	da Statutes.	on a source of directors. Thereby adoept the app	Sintinent da registered
SIGNATURE					
12.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	Registered Agent signature require 13.		IND DIRECTORS III 45
TITLE	PT	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	FRESCO, JOHN M.		1.2 NAME		Character Character
STREET ADDRESS	9971 SW 16TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		1.4 CITY-ST-ZIP		
TITLE	SV	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRESCO, MICHAEL G		2.2 NAME		_ ,
STREET ADDRESS	2014 SW 142 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP	. -	
TITLE	V	☐ DELETE	3.1 TITLE		Change Addition
NAME	FRESCO, J DANIEL		. 3.2 NAME		- -
STREET ADDRESS	_		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		<u> </u>
III/LE		☐ DELETE	51 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		ľ
STREET ADDOESS			6.3 STREET ADORESS		

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 Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 inchanged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

1 Cesco SOHN M. FRESCO 3/1/99 (305) 223-6399

3R2E034 (11/98)