FILED

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



Katherine Harris

COR ANNU	PROFIT DRPORATION NUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			r is e	Mar 16, 1999 8:00 at Secretary of State	m	
1. Corporation	MENT # 648 Name CRP.	3886					
) INDRING PRINT ARREST TO THE RETURN ARTHOUGH BLOCK BARKA	ļ
Discoul Discout During Address							
Principal Place of Business Mailing Address 17971 BISCAYNE BLVD 2750 NE 183RD ST							
SUITE 107 PH2807						DO NOT WRITE IN THIS SPACE	
AVENTURA FL 33160 AVENTURA FL 33160 US US						3. Date Incorporated or Qualifed	
						12/19/1979	_
Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For	-
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			Suite, Apt #, etc			59-1957651 Not Applicab	
22 27						5. Certificate of Status Desired Fee Required	_
City & State City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Zip Country Zip			Cou	intry	Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible	\dashv
24	25	29		30	,	Personal Property Tax. ■ Yes No	
	9. Name and Address	s of Current Registe	ered Agent		81 Name	10. Name and Address of New Registered Agent	_
ARTHUR-WILHOIT, IRENE 17971 BISCAYNE BOULEVARD POINT EAST PROFESSIONAL BLDG. S.107 NORTH MIAMI BEACH FL					82 Street Add	dress (P.O. Box Number is Not Acceptable) FL 85 Zrp Code	
office or re	to the provisions of Section egistered agent, or both, in m familiar with, and accep	n the State of Florida	i. Such change was a	uthorized	d by the corporat	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	ť
	Signature, typed or printed name o				Agent signature requir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	}
12.	PDT	FICERS AND DIREC	T DELETE	13. 11TI	TLE	Change Addi	
NAME	ARTHUR-WILHOIT, IRENE		12 N	AME			
STREET ADDRESS	ATEC N. E. 400DD OT		13 S	TREET ADDRESS		-	
CITY-ST-ZIP					TY-ST-ZIP	☐ Change ☐ Addi	tion
TITLE	VS DELETE		21 TI		☐ Change ☐ Addr	104	
NAME STREET ADDRESS	0750 N.E. 400DD 07			2.2 NAME 2.3 STREET ADDRESS			
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STREET ADDRESS					TREET ADDRESS		- 1
CITY-ST-ZIP TITLE DELETE			34 C	ITY-ST-ZIP	☐ Change ☐ Addi	Aion	
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NAME				52 N	AME TREET ADDRESS		
STREET ADDRESS					ITY-ST-ZIP		
CITY-ST-ZIP TITLE			☐ DELETE	61 TI		☐ Change ☐ Addi	tion
NAME				62N	AME		
OTDEET ADDRESS				63 S	TREET ADDRESS		-

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 if changed, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP