Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90054 041 \*\*\*150.00

## 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

1.4.0	ENT # 648968							
1. Corporation Na	NAGEMENT SERVICES, IN	r						
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Principal Place of	Business	Mailing Address			MRITA BATTI DIDAN IDITA (S	ISA AISDI IAIL AIAIS 8	<b>   </b>	1011 01011 1001
2121 PONCE DE LEON BLVD.		2121 PONCE DE LEON BLVD.						
SUITE 1100 CORAL GABLES FL 33134		SUITE 1100 CORAL GABLES FL 33134			DO NOT V	WRITE IN THIS	SPACE	
US		US		3. Date In	corporated or Qual	ifed	1	
					<u>/1979</u>			
2. Principal Place	of Business	2a. Mailing Address	N 6-1 1	4. FEI Nu			_ <del> </del>	plied For
21		26 5502 AVBNU	A Du Doleil	59-20	)52 <u>9</u> 28			t Applicable
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.		5. Certifo	ate of Status Desire	d 🗆	<b>\$8.75</b> A	
City & State		27 4472 City & State		6 Flection	n Campaign Financ	ina	\$5.00	<u>`</u>
23		28			und Contribution	"" <sup>9</sup> 🗆	Added to	•
Zip	Country	Zip	Country	8. This co	rporation owes the	current year Inta		
24	25	<u> </u>	30 PINELAS		al Property Tax.			□No
9	. Name and Address of Current F	Registered Agent	81 Name		and Address of No		Agent	
WAINBERG, SALOMON 82 Street Add				WAINBE				
			82 Street Add 550 7	dress (P.O. Box	Number is Not Acc	eptable)		
SUITE 1100			83	7061	145	· · / · /		
CORAL GABLES FL 33134							Jost Zin C	\ada
			84 City Lu	tz		FL	85 Zip C	ode (49
11. Pursuant to th	ne provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named cor	poration submit	s this statement for	the purpose of	changing its	registered
			44 - 44 - 44 - 44 - 44		licationa I boroby a	agant the annois	ntment as rec	harateir
agent. I am fa	tered agent, or both, in the State of imiliar with, and accept the obligatio	Florida. Such change was aut ns of, Section 607.0505, Florid	thorized by the corporat da Statutes.	tion's board of o	lirectors. I hereby a	ccept the appoir	ntment as reg	gistered
l .	ne provisions of Sections 607.0502 a tered agent, or both, in the State of amiliar with, and accept the obligatio	Florida. Such change was aut ins of, Section 607.0505, Florid	thorized by the corporat da Statutes.	tion's board or c	lirectors. I hereby a	ccept the appoir	ntment as reg	gistered
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6.4 CITY-ST-ZIP CITY-ST-ZIP 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.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS