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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Feb 21, 1999 8:00 am Secretary of State

	1999	GO WE THE	DIVISION O	F CORPORA	TIONS	02-21-1999 90	017 003 *** 15	0.00
	UMENT # 660							
HLOOI	ring to the trade,	INC.						
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Principal Pl	ace of Business	Maili	ng Address					
3930 N.E. 2ND AVE. 3930 N.E. 2ND AVE. MIAMI FL 33137-3622 MIAMI FL 33137-3622								
	TO THE STATE OF TH	MAM	FL 33137-3622			DO NOT WRITE	IN THIS SPACE	
						3. Date Incorporated or Qualifed	III THIS SPACE	
Principal Place of Business 2a. Mailing Address						03/26/1980 4. FEI Number		
Suite, Ap	ot. #. etc.	26				59-1980727		Applied For Not Applicable
2		27	uite, Apt. #, etc.				\$8.75	Additional
City & Sta	ate		ty & State -			6. Election: Campaign: Financing	Fee F	Required
Zip	Country	28				Trust Fund Contribution	Added	May Be to Fees
25 29 29				Country 30		8. This corporation owes the current year Intangible		
	9. Name and Address of	of Current Registere	ed Agent			10. Name and Address of New Regi	stered Agent	□No
RO	SEN, NEIL M			81	Name		stared rigent	
3930 NE 2 AVE			82 Street Add		ress (P.O. Box Number is Not Acceptable)			
MIA	MI FL 33137			83			<u> </u>	
								-
				84	City			
1. Pursuant office or agent. I a	to the provisions of Sections registered agent, or both, in th am familiar with, and accept th	607.0502 and 607.1 ne State of Florida. S ne obligations of, Sec	508, Florida Statut uch change was a tion 607.0505, Flo	es, the above uthorized by rida Statutes.	City -named corp the corporation	poration submits this statement for the purpon's board of directors. I hereby accept the	FL 85 Zip pose of changing its appointment as re	Code registered gistered
2.	Signature, typed or printed name of regis	stered agent and title if applic	cable. (NOTE	es, the above uthorized by rida Statutes.	-named corp the corporation	poration submits this statement for the purpon's board of directors. I hereby accept the	Dose of changing its appointment as re	registered egistered
2.	Signature, typed or printed name of region OFFICI	607.0502 and 607.1: ne State of Florida. S ne obligations of, Sec stered agent and title if applic ERS AND DIRECTO	cable. (NOTE	es, the above uthorized by rida Statutes.	-named corp the corporation	· · ·	oose of changing its appointment as re	registered gistered
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SIGNATURE: