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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F24826

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| rincipal Place | of Business | Mailing Address | | | | | | | |
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| N MIAMI BEACH FL 33180 N MIAMI BEACH FL 33180 | | | 80 | | | DO NOT WRITE IN TH | IIS SPACE | | |
| MINMI DENOIT | | | | | | Date Incorporated or Qualifed | | | |
| | | | | | 1 | 04/15/1981 | | | |
| | <u> </u> | | | | | FEI Number | | Applie | ed For |
| Principal Place of Business | | 2a. Mailing Address | | | 1 | 59-2082568 | | Not A | pplicable |
| <u> </u> | | 26 | | | | | DO. 1 J Additional | | |
| Suite, Apt. # | , etc. | Suite, Apt. #, etc. | | | : | 5. Certifcate of Status Desired | Fee | e Requi | ired |
| 2 | | 27 City & State | | | = 2 1 | 3. Election Campaign Financing | \$5. | 00-ма | ay Be |
| City & State | | | | | . ∖ | Trust Fund Contribution | Ado | led to F | Fees |
| 3 | | 28 | Cot | ıntry | | 8. This corporation owes the current year | Intangible | | ا ر |
| Zip | Country | Zip | 30 | | 1 | Personal Property Tax. | Yes | | No. |
| 4 | 25 | 29 Agent | 30 | Ţ | 1 | 0. Name and Address of New Register | ed Agent | | <u> </u> |
| | 9. Name and Address of Current | Kedistelan Walit | | 81 Name | | | | | |
| בוחמ | | | | | A | (P.O. Box Number is Not Acceptable) | | | |
| BULI | ON, RICHARD IVES DAIRY RD SUITE 210 | | | 82 Street A | Address | (P.O. BOX NUMBER IS NOT ACCEPTAGE) | <u> </u> | <u> </u> | |
| | TAES DAILT IN SOLE SIO | | | 83 | | · · · · · · · · · · · · · · · · · · · | 1.14.4 | | 1 3 2 1 |
| N ME | AMI BEACH FL 33179 | • | | \ <u></u> | | | 85 | Zip Cò | vdo ******* |
| | | | | 84 City | | * | | Zip Co | |
| | | | <u> </u> | 1 | 0000000 | tion submits this statement for the purpose board of directors. I hereby accept the ap | e of changir | ng its re | egistered |
| SIGNATURE | | | | | | | | | |
| | Signature, typed or printed name of registered agent | 41.0 44.0 11.77 | | ed Agent signature re | required wh | en reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | AND DIRE | CTOR | IS IN 12 |
| 12. | " OFFICERS ANI | 41.0 44.0 11.77 | 13 | | required wh | en reinstatiliti) | | CTOR ange | IS IN 12 |
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| TITLE NAME | SD STEINMAN, JUDITH | DIRECTORS | E 1.1 | TITLE NAME | equired wh | en reinstatiliti) | AND DIRE | ECTOR ange | S IN 12 |
| TITLE | SD STEINMAN, JUDITH 2375 N E 195 ST | DIRECTORS | E 1.1 1.2 1.3 | TITLE NAME STREET ADDRESS | required wh | en reinstatiliti) | AND DIRE | ange | 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 Chapter 607, Florida Statutes; and that my game appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90033 019 ***150.00