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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F38900

COPROL	ITE CORPORATION			1 2004 NO. 1100 (1104 2011) N. 1041 (0014) O. 1110	1811 - 1818 - 1818 - 1818 - 1818 - 1818 - 1818 - 1818 - 1818 - 1818 - 1818 - 1818 - 1818 - 1818 - 1818 - 1818 -
Principal Place	a of Business	Mailing Address		1 1841/450 1851 1810 1841 0011/1 541/1 DY	ON CION OF THE DIGINAL PROPERTY.
1400 AMERIFIRST BUILDING 1 S.E. 3RD AVENUE					
ONE SOUTHEAST THIRD AVENUE 1400				DO NOT WEITE IN	110 0D4 0E
MIAMI FL 3313	ı	MIAMI FL 33131		DO NOT WRITE IN T 3. Date Incorporated or Qualifed	HIS SPACE
ļ		US		08/28/1981	•
2 Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
212130	SunTrust Internation	1		59-2116903	Not Applicable
Suite, Apt.			30	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	θ	City & State	<u>~</u>	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	r Intengible
24	25	29	30	Personal Property Tax.	X Yes □No
	9. Name and Address of Current	Registered Agent	041 11	10. Name and Address of New Register	red Agent
DIA	SS, STEPHEN A.		81 Name		·
	SOUTHEAST THIRD AVENUE		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
011000 4440			83 () 1		
	/I FL 33131		Suite	Q130	
			84 City		Zip Code
11. Pursuant	to the provisions of Sections 607.0502	? and 607.1508, Florida Statute of Florida, Such change was at	es, the above-named corp uthorized by the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	e of changing its registered appointment as registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	rida Statutes.		
SIGNATURE	Signature, typed or printed name of registered agent	NOTE:	Registered Agent signature require	ad when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DVS	☐ DELETE	1.1 TITLE		Change Addition
NAME	BLASS, STEPHEN A		1.2 NAME	: 7	•
STREET ADDRESS	ONE SE THIRD AVE., #1400		1.3 STREET ADDRESS	ruite 2130	
CITY-ST-ZIP	M(AMI, FL 33131		1.4 CITY-ST-ZIP		<u> </u>
TITLE	DPT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME !	Frankel, Melvin F	•	2.2 NAME	J. 0120	
STREET ADDRESS	ONE SE THIRD AVE., #1400		2.3 STREET ADDRESS	uite 2130	
CITY-ST-ZIP	MIAMI, FL 33131	DELETE :	2.4 CITY-ST-ZIP		Change Addition
_TITLE -	5. The state of th	·· DECEIE · ·	3.1 (IILE 3 3.2 NAME	•	Classical Classical
NAME STREET ADDRESS	,	•	3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS			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		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ř
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		•	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		•

14. I hereby certify that the information supplied with this filling 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 add to with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP