## 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

## DOCUMENT # F68660

1. Corporation Name

MUNASA, INCORPORATED C/O HOWARD M. AMDUR CPA P.A.

Principal Place of Business

Mailing Address

MMA

11420 N. KENDALL DRIVE #202

## **FILED** May 27, 1999 8:00 am Secretary of State

05-27-1999 90005 025 \*\*\*150.00

MIAMI, FL 33176					DO NOT WRITE IN THIS SPACE				
,,						3. Date Incorporated or Qualifed			
						2/25/1982			
Principal Place of Business     2a. Mailing Address						4. FEI Number	Ap	plied For	
21						59-2218380		t Applicable	
Suite, Apt. #, etc. Suite, Apt. 27			. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required			
City & State City & State				6. Election Campaign Financing		6. Election Campaign Financing - \$	5.00	May Be	
23	28			Trust Fund Contribution			dded 1	o Fees	
Zip	Country	Country Zip Country				8. This corporation owes the current year Intangible			
24	25	29 30				Personal Property Tax. XXYes □No			
	9. Name and Address of Current	Registered Agent		<u> </u>	·	10. Name and Address of New Registered Agent			
				81	Name				
Howard M. Amdur CPA P.A.				82 Street Address (P.O. Box Number is Not Acceptable)					
11420 N. Kendall Drive #202									
Miam	i, FL 33176			83					
				84	City	FL 85	Zip (	Code	
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered									
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
	Signature, typed or printed name of registered agent			Agen	nt signature required	when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIR	FCTC	IRS IN 12	
12.	OFFICERS AND	DIRECTORS	13. LETE 1.1 TO	TI E			hange	Addition	
	Courthan Homen		1.2 N					_	
NAME	Gunther Homan	\	1		T ADDDESC				
STREET ADDRESS	1210 Markham F		ii ii		ADDRESS			E	
CITY-ST-ZIP TITLE	Scarborough C MlH 3B3			TY-\$1	-2/1	ПС	hange	Addition	
NAME	MIH 3B3	,	2.2 N				·		
STREET ADDRESS					ADDRESS				
			11	ITY-\$					
CITY-ST-ZIP		DE			1-211	□c	hange	☐ Addition	
NAME			3.2 N				-		
STREET ADDRESS			i		ADDRESS				
CITY-ST-ZIP				ITY-S					
TITLE		□ DE		_			hange	☐ Addition	
NAME .			4.2 N	AME					
STREET ADDRESS			4.3 \$	TREET	ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-ST	r-zip				
TITLE		☐ DE	LETE 5.1 TI	TLE			hange	Addition	
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS			1	
CITY-ST-ZIP				TY-SI	r-zip				
TITLE		□ DE	LETE 6.1 TI	TLE			hange	☐ Addition	
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET	FADDRESS				
CITY-ST-ZiP			6.4 CI	TY-S7	r-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 suppliemental annual report is true and acturate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comporation or the receiver or trustee empowered to execute this report as required by Clapter 607, florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: