## 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 # F9800002054

## **FILED** Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90270 008 \*\*\*158.75

	AL OF COMMERCE, INC.	~ <del></del>						iii <b>ii</b> iii <b>ii</b> ii		
· ·	ce of Business	Mailing Ad-								J
DORAL CORPORATE PLAZA  3750 NW 87TH AVE STE. 450  MIAMI FL 33178  DORAL CORPORATE PLAZA  3750 NW 87TH AVE STE. 450  MIAMI FL 33178							DO NOT WRI	TF IN TH	IS SPACE	
INITAMI I C 3017		MICHII I C O	,170				3. Date Incorporated or Qualifed		01702	
}							04/10/1998			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		Ap	plied For
21 26							13-3255959		No	t Applicable
Suite, Apt. #, etc.         Suite, Apt. #, etc.           22         27			Apt. #, etc.				5. Certifcate of Status Desired	×	\$8.75 / Fee Re	
City & Sta	te	City &	State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip		Country			8. This corporation owes the curr	ent year l		
24	25		30	<u> </u>			Personal Property Tax.		Yes	□No
	9. Name and Address of Curre	nt Registered A	gent	81			10. Name and Address of New F	Registere	d Agent	
СТ	CORPORATION SYSTEM			181	Na 	me			,	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				82	Sti	eet Addre	s (P.O. Box Number is Not Acceptable)			
					<u> </u>					
105	,			83	{		_			
				84	Cit	y	<u>i</u>	F	85 Zip (	Code
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable				ture required	when reinstating)	DATE		
12.	<del></del>	ND DIRECTORS	C occurr	13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	RS IN 12 Addition
TITLE	ALEXANDER, HELEN		☐ DELETE	1.1 TITLE		- 1			L] Gliange	C) Addition
NAME	A WOOLD TO LOT OF LITTED AT	TLI EI		1.2 NAME						
STREET ADDRESS	NEW YORK NY 10048	IN FL.		1.3 STREET		Œ55				
CITY-ST-ZIP TITLE	P		DELETE	1.4 CITY-ST 2.1 TITLE	1-212				☐ Change	☐ Addition
NAME	MALIK, KIRAN			2.2 NAME		}				
STREET ADDRESS		TH FI		2.3 STREET		FSS				
CITY-ST-ZIP :	NEW YORK NY 10048	11114.		2.4 CITY-S						
TITLE	V	<del></del>	☐ DELETE	3.1 TITLE	1-24	_{			Change	Addition
NAME	HANGER, DAVID			3.2 NAME						
STREET ADDRESS		TH FL.	İ	3.3 STREET	ADDF	ESS				
CITY-ST-ZIP	NEW YORK NY 10048			3.4. C/TY-S	T-ZIP					
TITLE	SCFO		DELETE	4.1 TITLE					☐ Change	☐ Addition
NAME	HARABEDIAN, MARK			4.2 NAME		{				
STREET ADDRESS	,	TH FL.		4.3 STREET	ADDF	ESS				
CITY-ST-ZIP	NEW YORK NY 10048			4.4 CITY-ST	r-zig					
TITLE			DELETE	5.1 TITLE		İ			Change	☐ Addition
NAME				5.2 NAME		}				
STREET ADDRESS				5.3 STREET		ESS				
CITY-ST-ZIP	ļ	_ <del></del>		5.4 CITY-ST	r-ZIP					FT 4 4 000
πιE			☐ DELETE	6.1 TITLE		{			☐ Change	Addition
NAME				6.2 NAME		ı				
A										
STREET ADDRESS				6.3 STREET		ESS				

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.

SIGNATURE:

NUMBRITHMED SIGNING OFFICER OR DIRECTOR