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

Mailing Address 55 NE 1ST STREET

MIAMI FL 33132

SUITE 1

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G23661

1. Corpora ion Name

Principal Place of Business

55 NE 1ST STREET

MIAMI FL 33132

SUITE 1

AZTEC GENERAL CORP.

FILED Apr 26, 1999 8:00 am Secretary of State 04-26-1999 90199 009 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 02/11/1983

2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Nu nber	App ied For
21 7 19	STA STREET	26 719 5 TH ST	PLEET	59-2394710	Not Applicable
Suite, Art.		Suite, Apt. #, etc.	<u>, , , , , , , , , , , , , , , , , , , </u>	5. Certificate of Status Desired	\$8.75 Acditional Fee Required
City & State	<u> </u>	City & State		6. Etection Campaign Financing	\$5.00 May Be
	I BEACH, FL.	28 HIAMI BELLO	NEL.	Trust Fund Contribution	Added to Fees
Zip	County	Zip	Country	8. This corporation owes the current year In	tangible
24 33 (3)		29 33139 30	ה ז	Person al Property Tax.	Yes []No
24 0010	9. Name and Address of Current		'	10. Name and Address of New Registere 1	Agent
DIX, GARY 181 Name 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 39191 84 City 85 Zip Code					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named co-poration 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 nan e of registered agent .	nd title if applicable. (NOTE : Re	gislered Agent signature re		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIC NS/CHANGES TO OFFICERS A	
TITLE	VD	☐ DELETE	1.1 TITLE		Change
NAME	WEINSBURG, JAY N		1.2 NAME	MIA - I Continue	
STREET ADDRESS	55 NE 1ST SUITE #1		13 STREET ADDRESS	719 STH STREET	
CITY-ST-ZIP	MIAMI FL 33132		1.4 CITY-ST-ZIP	719 5TH STREET HILANI BEACH, FL 33!	39
TITLE	DS /	☐ DELETE	2.1 TITLE		Change
NAME	weinberg, bertie		2.2 NAME		
STREET ADDRES S	11111 BISCAYNE BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	····	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		1
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		, [
STREET ADDRES			63 STREET ADDRESS		ļ
CITY-ST-ZIP			6.4 CITY-ST-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 supplemental a nnual 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR