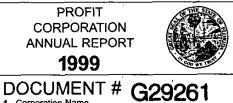
**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

DIVISION OF CORPORATIONS

## Secretary of State

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90110 026 \*\*\*150.00

	ANDRI BIANT BIBNI BIA	

SURF C	ARRIERS, INC.				)	LIBLI BIBIT BYBYI BIBIT B	FETT BURNT LARY
Principal Place	e of Business	Mailing Address			- i iddiili deid iidin igife sibte disas itoi i	IIMIL OLOIA NINII NIOIS N	IBIT ASSIT TABL
1801 NW 82 AVENUE 1801 NW 82 AVENUE MIAMI FL 33126-8013 MIAMI FL 33126-8013 US US				DO NOT WRITE IN	THIS SPACE		
					3. Date Incorporated or Qualifed		
0.0000000	to a of Business	2a. Mailing Address			02/18/1983 4. FEI Number	- I An	plied For
	face of Business	<u> </u>			59-2280620		t Applicable
21 Suite, Apt.	# etc.	Suite, Apt, #, etc.				\$8.75 A	
<b>├</b>	ing and the special control of the second co	_ 27	، نے		5. Certificate of Status Desired	Fee Re	
City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current ye		_
24	25	29 3	10		Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	red Agent	
AC14	IDDE IOSE I		81	Name			
	IIRRE, JOSE I I NW 82 AVENUE		82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
	WI FL 33126-8013		0.0				
IMIZU	WI FL 33120-0013	•	83				
			84	City		FL 85 Zip C	Code
<u> </u>			· the ebes	n semed sem	oration submits this statement for the purpo		registered
l office or r	egistered agent, or both, in the State o	if Florida. Such change was aut	horized by	the corporation	on's board of directors. I hereby accept the	appointment as rec	gistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statutes	•			ļ
SIGNATURE	Signature, typed or printed name of registered agent	ANOTE: 6	Pagistarad Apar	t elonatura remiira	d when reinstating) DA		
12.	OFFICERS AND		13.	it aignature req	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	TD STATE AND	DELETE	1.1 TITLE			☐ Change	Addition
NAME	AGUIRRE, JOSE I		1.2 NAME				{
STREET ADDRESS	1801 NW 82 AVENUE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY- S	T-ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE			Change	Addition
NAME	ROBERTS, BRUCE		2.2 NAME				}
STREET ADDRESS	1801 NW 82 AVENUE		2.3 STREET	ADDRESS			
CITY-ST-ZIP	MIAMI FL	الم المواتين ييون	2.4 CITY-5	iT-ZIP	- من	:	
TITLE	DP	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	ROBERTS, LEONARD C.		3.2 NAME				
STREET ADDRESS			3.3 STREET	FADDRESS			}
CITY-ST-ZIP	MIAMI FL		3.4, CITY-S	T-ZIP			
TITLE	SD	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	GLUKSTAD,PHYLLIS		4. 2 NAME				1
STREET ADDRESS	1801 NW 82 AVENUE		4.3 STREE	ADDRESS			
CITY-ST-ZIP	MIAMI FL		4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE	1	•	Change	☐ Addition
NAME			5.2 NAME		•		}
STREET ADDRESS			5.3 STREET	ADDRESS			
C/TY-ST-ZIP			5.4 CITY-S	r-zip			
TITLE	,	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition

CITY-ST-ZIP 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 address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

JOSE AGUIRRE