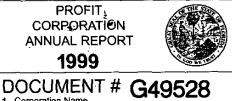
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT, CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 04, 1999 8:00 am Secretary of State 05-04-1999 90147 020 ***150.00

MYRKO	S, INC.								
		8.4 Year 4.4				_{			
	ce of Business	Mailing Address							
566 S.W. 1ST STREET 1390 BRICKELL AVE. MIAMI FL 33130 SUITE 200									
MIAMI FL 33130 SUITE 200 MIAMI FL 33131						DO NOT WRITE IN THIS SPACE			
-	•	,				3. Date Incorporated or Qualit	ed		·———
						07/14/1983			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		App	lied For
21 26				_		65-010 <u>4852</u>			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc			Ċ.			5. Certificate of Status Desired	. .	\$8.75 A	
22	·	27				3. Confidence of Charles 200124		Fee Rec	uired
City & State City & State						6. Election Campaign Financi	ng 🖂	\$5.00 1	
23	مستناها والمراقعين	28			,	Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		untry		8. This corporation owes the o	current year Inta		7
24	25	29	30			Personal Property Tax.	w Basistana 4		PW0
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of Ne	w Kegistered A	Agent	
POWELL COSIO, SOFIA				"	Name				
1390 BRICKELL AVE., SUITE 200				82	Street Addre	ess (P.O. Box Number is Not Acci	eptable)		
	MI FL 33131			83				-	
MIN	WII 1 L 33 13 1			103		•		:	
	•			84	City			85 Zip C	ode
	to the provisions of Sections 607.050			1_1			<u></u>	<u></u>	ا مدا شبه ادرست المدادات
12.	Signature, typed or printed name of registered age OFFICERS At	ND DIRECTORS	13.		t signature required	ADDITIONS/CHANGES TO	DATE OFFICERS AN		
TITLE	P	DELÉ	TE 1,1 T	ITLE	ŀ	•		Change	☐ Addition
NAME	COSIO, FERNANDO A		1.21	NAME					
STREET ADDRESS			1.3 \$	TREET	ADDRESS			•	
CITY-ST-ZIP_	MIAMI FL 33130			CITY-ST	-ZIP			Clobana	Addition
TITLE		☐ DETE		TITLE	Ì			Change	
NAME				NAME		•			
STREET ADDRESS					ADDRESS			٠,	_
CITY-ST-ZIP	<u> </u>	——————————————————————————————————————		CITY-S	T-ZIP			[] Change	Addition
TITLE		DELE		TITLE		من نرسی			* ÷ · ~
NAME				NAME	Ì		·		
STREET ADDRESS	5				ADDRESS	•		* .	
CITY-ST-ZIP		——————————————————————————————————————		CITY-ST	T-ZIP			. Change	☐ Addition
TITLE .	,	☐ DELE		TITLE		•		·LT outside	
NAME				NAME				•	
STREET ADDRESS	\$ 		4.3 \$	CIDEET	ADDRESS				
CITY-ST-ZIP	1 '				l	· •			
TILE		FT per		CITY-ST	r-ZIP	, î		[] Change	☐ Addition
NAME		☐ DELE	TE 5.11	CITY-ST	r-ZIP	î î		Change	☐ Addition
STREET ADDRESS		☐ DELE	5.11 5.21	CITY-ST TITLE NAME		î î		Change	☐ Addition
	S	☐ DELE	5.11 5.21 5.33	CITY-ST TITLE NAME STREET	ADORESS	' î		Change	Addition
CITY-ST-ZIP	s		5.11 5.21 5.33 5.40	CITY-ST TITLE NAME STREET CITY-ST	ADORESS	· 1		· 	
TITLE	s	☐ DELE	5.11 5.21 5.38 5.40 ETE 6.11	CITY-ST TITLE NAME STREET CITY-ST	ADORESS	· î		☐ Change	Addition
TITLE NAME			5.11 5.21 5.33 5.40 TE 6.11 6.21	CITY-ST TITLE NAME STREET CITY-ST TITLE NAME	ADORESS I-ZIP	· î		· 	
TITLE			5.11 5.21 5.35 5.40 TE 6.11 6.21	CITY-ST TITLE NAME STREET CITY-ST TITLE NAME	ADDRESS I-ZIP	· î		· 	

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 employment 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:

(305)965-502Z

CR2E034 (11/98)