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 # **G50411**

1. Corporation Name

CORE SALES CORP.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90271 049 ***150.00



	•	_								
Principal Place	of Business	Mailing Address								
PO BOX 640441		PO BOX 640441								
MIAMI FL 33164	!	MIAMI FL 33164	MIAMI FL 33164			DO NOT WRITE IN THIS SPACE				
ı						3. Date Incorporated or Qualifed	E IN THIS	3FACE		1
		_				07/19/1983				
2. Principal Pl	ace of Business	2a, Mailing Address				4. FEI Number		A _I	pplied For	ł
21		26				59-2310104	·		ot Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					<u></u>		Additional	.
22		27							equired	┨
City & State	•	City & State	\vdash			6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			to Fees	4
Zip		¬ · · · · · · · · · · · · · · · · · · ·				8. This corporation owes the curre	ent year Inta	angipie Yes	□No	
24	25 25 Current Address of Current		30 S			Personal Property Tax. 10. Name and Address of New R	egistered (1
9. Name and Address of Current Registered Agent					Name c	RALPH COHEN				
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				82		Street Address (P.O. Box Number is Not Acceptable) 19195 Mystic Pointe Drive #510				1
	KNEXICANDASTREETK		oz Sireet Ad			19195 Mystic Pointe I	Drive	#510 <u> </u>		
XXMI	AMK REACHKELX33182XX			83						}
				84	City			85 Zip	Code	1
				(I	•	AVENTURA,	<u>FL</u>	33	Code 3180	
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statute	s, the a	bove I hv t	-named corp	poration submits this statement for the ion's board of directors. I hereby accep	purpose of t the appoir	changing its itment as re	s registered eaistered	
agent. I a	m familiar with, and accept the obliga	itions of section 607.0505, Flori	da Stati	utes.	ine corporati	orra poura or anaptaros i norcey accep			-g	
SIGNATURE	Many	vuu					4 - 13-	.99		ļ
Signature, type for prints name of registered agent and title if applicable. (NOTE: Re-				Agent	signature require	ed when reinstating)	DATE	D DIDEOT	000 101 40	- j
12.	P OFFICERS AF	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN	☐ Change		1 3
TITLE	COHEN, RALPH	□ pereur	1.2 NAME							`
NAME	19195 MYSTIC PT DR #510	_			4000000					8
STREET ADDRESS	AVEAUTIDA EI			ADDRESS	-				5	
CITY-ST-ZIP	AACIAIOIATE	☐ DELETE	1.4 CITY- 2.1 TITLE		-212			Change	Addition	1 5
TITLE		VLLETE	2.2 N/							
NAME	_	_	2.3 STREE		*DODECC		_			1
STREET ADDRESS				_						-
CITY-ST-ZIP TITLE		2.40 ☐ DELETE 3.171			1-ZIP			☐ Change	☐ Addition	1
_				ME				_ •		
NAME STREET ADDRESS					ADDRESS					}
ľ	Į			ITY-SI						}
CITY-ST-ZIP TITLE		☐ DELETE	4.1 Tf		· ••			☐ Change	Addition	1
NAME		. —	4. 2 N		Ì			•		
STREET ADDRESS					ADDRESS					}
l 1			4.4 CITY-5							Ì
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE		Zir			Change	☐ Addition	1
NAME [5.2 NAME		Ī	•				
STREET ADDRESS			5.3 \$1	REET	ADDRESS					-
CITY-ST-ZIP				TY-ST		•		•		
TITLE		DELETE	6.1 TI					Change	Addition	1
NAME			6.2 N	ME				2		1
STREET ADDRESS			6.3 ST	REET	ADDRESS					
CITY-ST-ZIP)	6.4 CI	TY-ST	- ZIP					ļ
										_

14. I hereby certify that the information supplied with this filing doe indicated on this annual report or supplemental annual report officer or director of the corporation of the receiver or trusted e Block 12 or Block 13 if changed by an analysis with an s Qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an unger to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in other like empowered.

SIGNATURE:

GNING OFFICER OR DIRECTOR