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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G90468 1. Corporation Name

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90057 023 ***150.00

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Principal Pla	ce of Business	Mailing Address			ı indirin nasa ilasın aktılı bilin kildi ilkil bili	II GIBII BIBII BIBII	anani asan saat	٠
5220 NW 72N		5220 NW 72ND AVE #24			•			
MIAMI FL 33166 US		MIAMI FL 33166 US		DO NOT WRITE IN TH	IS SPACE			
00		03			3. Date Incorporated or Qualifed	10.01.710.	<u> - تەرىخى ئىلىنىڭ بىلىنىڭ بىلى</u>	Ī-
					02/02/1984) }		
2. Principal I	Place of Business	2a. Mailing Address			4. FEI Number	Ar	plied For	┨.
21		26			59-2373871	No	ot Applicable]
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	Additional	٦.,
22 City & Sta	•-	27					equired	4
— ´	te	City & State			6. Election Campaign Financing	\$5.00		}
Zip	Country	Zip	Coun	ntrv	Trust Fund Contribution	Added	to Fees	4
24	25	29	30	y	 This corporation owes the current year in Personal Property Tax. 	ntangible Yes	□No	
	9. Name and Address of Curre		100)		10. Name and Address of New Registere			1
	-			81 Name				1
	GER, DAVID H		F	82 Street Add	Iress (P.O. Box Number is Not Acceptable)			4
	20 SW 128TH ST		[OZ Sileer Add	iress (F.O. Box Nulliber is Not Acceptable)]
	TE 104		[7	83		以 。[4]	(d) (d) . (d)	1
MIA	MI FL 33186		H	84 City	2 (1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	85 Zip (Code	4
24.				i	FI FI	LII		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the about	ove-named com	poration submits this statement for the purpose of on's board of directors. I hereby accept the app	of changing its	registered ==	-
omce or	as familiar in the second of the	or i lorida. Odon change was a			ion's board of directors, i fiereby accept the appr	Ullimitetti as re	Aisreian	
agent. I a	ım ramıllar witn, and accept the oblig	ations of, Section 607.0505, Flo	rida Statut	les.				
agent. I a		ations of, Section 607.0505, Flo	rida Statut	les.			:	
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agent. I a	Signature, typed or printed name of registered ag	ations of, Section 607.0505, Flo ent and title if applicable. (NOTE ND DIRECTORS	: Registered A	es.	ed when reinstating) : OATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO		1,00)
SIGNATURE 12.	Signature, typed or printed name of registered ag OFFICERS A	ations of, Section 607.0505, Flo	Registered A 13.	gent signature require	ed when reinstating) OATE		RS IN 12	(41,00)
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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: