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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H17932

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

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WIAMI PL 33	गं अ	MIAMI FL 33131	DEET. PENTHOUSE 101	ł		
		•		DO NOT	WRITE IN THIS SP.	ACE
2 Principa	I Place of Business			3. Date Incorporated or Qual	ifed	
21	r Flace of Business	2a. Mailing Address		08/14/1984		
Suite, Ap		26		4. FEI Number		Applied For
22	ot. #, etc.	Suite, Apt. #, etc.		<u>59-2437602</u>		Not Applicab
City & St	ato	27		5. Certifcate of Status Desired	d □ \$	8.75 Additional
23	ate	. City & State			_	Fee Required
Zip		28		6. Election Campaign Financia	ng	5.00 May Be
24	Country	Zip	Country	Trust Fund Contribution		Added to East
24	25	29	30	8. This corporation owes the c	current year Intangil	De .
	9. Name and Address of Cu	irrent Registered Agent		Personal Property Tax.	Def.√	/aa 🖂
150	RMAN, ISIDORO		81 Name	10. Name and Address of Nev	w Registered Ager	it
	E FLAGLER ST		[TVaille			
	ITHOUSE 101		82 Street Add	dress (P.O. Box Number is Not Acce	ntoble)	
		•	83		pracie) ·	
MIAI	MI FL 33131		83			. अपने असे प्रा
			84 City			
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11. Pursuant	to the provisions of Sections 607	0502 and 607 4500 51			EJ 185	ZID Code
11. Pursuant office or r	to the provisions of Sections 607. egistered agent, or both, in the St	0502 and 607.1508, Florida Statu	ites, the above-named corp	poration submits this statement for the	FL 85	ZID Code
11. Pursuant office or ragent. I a	to the provisions of Sections 607. registered agent, or both, in the Start im familiar with, and accept the ob	0502 and 607.1508, Florida Statu ate of Florida. Such change was ligations of, Section 607.0505, Fk	rtes, the above-named corp authorized by the corporation	poration submits this statement for the on's board of directors. I hereby accounts	FL 85 le purpose of chang	ing its registered
SIGNATORE			rtes, the above-named corp authorized by the corporation orida Statutes.	poration submits this statement for th on's board of directors. I hereby acce	le purpose of changept the appointment	ing its registered as registered
SIGNATORE	Signature, typed or printed name of registered	agent and title if applicable. (NOT)				ing its registered as registered
	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE	utes, the above-named corporation authorized by the corporation orida Statutes. E. Registered Agent signature requires 13.	d when reinstating)	DATE	
12.	Signature, typed or printed name of registered OFFICERS PD	agent and title if applicable. (NOT)	E: Registered Agent signature require		DATE FFICERS AND DIRI	ECTORS IN 12
12. ITLE	Signature, typed or printed name of registered OFFICERS PD MINSKI, BERTHA	agent and title if applicable. (NOTE	E: Registered Agent signature required	d when reinstating)	DATE	ECTORS IN 12
12. ITLE AME TREET ADDRESS	Signature, typed or printed name of registered OFFICERS PD MINSKI, BERTHA 5660 COLLINS AVE 11C	agent and title if applicable. (NOTE	E: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	d when reinstating)	DATE FFICERS AND DIRI	ECTORS IN 12
12. ITLE AME TREET ADDRESS	Signature, typed or printed name of registered OFFICERS PD MINSKI, BERTHA 5660 COLLINS AVE 11C MIAMI BCH FL 33140	agent and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	d when reinstating)	DATE FFICERS AND DIRI	ECTORS IN 12
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indicated on this annual report or 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 officer or director of the corporation of the receiver or to stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: