PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # H21081

1. Corporation Name

Feb 11, 1999 8:00 am Secretary of State

02-11-1999 90062 005 ***150.00

MALPHA	CTICE, INC.									
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Principal Place	e of Business	Ma	iling Address							
13300 SW 109 COURT 13300 SW 109 COURT							į			
MIAMI FL 33176 MIAMI FL 33176							DO NOT WRIT	TE IN T	UIC CDACE	
							3. Date Incorporated or Qualifed	EIN	HIS SPACE	
							09/14/1984			
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number		A	pplied For
21		26					65-0034502		N-	ot Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired	Ò	•	Additional equired
City & State	e		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country		Zip	Cour	try		8. This corporation owes the curre	ent year	r Intangible	ļ
24	25	29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Currer	nt Regist	tered Agent				10. Name and Address of New R	legister	red Agent	
LEIDI	MAN LODN FCO	-		.	81 Name)				1
	MAN, LORN, ESQ.) NORTH KENDALL DRIVE			-	82 Stree	t Addre	ss (P.O. Box Number is Not Accepta	ible)		···································
	E #403	•		-	83			· · · ·	en a ser e de la compania.	Bulletin 13950
	Al FL 33156	•			83				到的规则	
1000	1 2 00 100				84 City			, ,	85 Zip	Codé
								Г	-	
11. Pursuant office or re agent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Floridations of,	37.1508, Florida Statut la. Such change was a Section 607.0505, Flo	es, tne at uthorized rida Statu	ove-named by the con tes.	poration	ration submits this statement for the n's board of directors. I hereby accep	t the ap	ppointment as re	egistered
-	, ,									
SIGNATURE										
SIGNATURE	Signature, typed or printed name of registered age	nt and title if	f applicable. (NOTE	: Registered	gent signature	required	when reinstating)	DATE		
SIGNATURE	OFFICERS AN		CTORS	13.		required	ADDITIONS/CHANGES TO OF		AND DIRECTO	
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP