

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


FILED

Feb 10, 1999 8:00am  
Secretary of State

02-10-1999 90013 033 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

|   |  |  |  |
|---|--|--|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1999   |  | <br>FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| DOCUMENT # H21392   |  |  |  |
| 1. Corporation Name<br>LIT DE REPOS INC.  |  |  |  |
| Principal Place of Business<br>% JOSEPH H. TREYZ<br>801 N VENETIAN DR.,STE 908<br>MIAMI FL 33139  |  | Mailing Address<br>% JOSEPH H. TREYZ<br>801 N VENETIAN DR.,STE 908<br>MIAMI FL 33139   |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country   |  |
| 9. Name and Address of Current Registered Agent<br>TREYZ, JOSEPH H.<br>801 N. VENETIAN DR<br>SUITE 908<br>MIAMI FL 33139  |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code                                       |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |  |  |  |
| SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE  |  |  |  |
| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| TITLE PDV<br>NAME TREYZ, JOSEPH H.<br>STREET ADDRESS 801 N. VENETIAN DR #508<br>CITY-ST-ZIP MIAMI FL  |  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP   |  |
| TITLE TS<br>NAME TREYZ, JOSEPH H.<br>STREET ADDRESS 801 N. VENETIAN DR #508<br>CITY-ST-ZIP MIAMI FL   |  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP   |  |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 23, 1999 305-3583168

CR2E034 (1/98)