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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # LIQUOSA



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90110 013 ***150.00

| 1. Corporation MIAMI C | | TE SYSTEMS, INC. | | | | , | | | | |
|--|--|---|---|--|---|-------------------|---|-----------------------------------|-----------------------------|------------------------------|
| Principal Place | e of Busines: | 5 | Mailing Address | , | | | I (BBISH) avan jeura jinta jar | D(20111 D1E1 21211 D | • • | |
| 5200 BLUE LAGOON DR., STE. 700 5200 BLUE LAGOON DR., STE. 700 | | | | | | | | • | | |
| MIAMI FL 33126 MIAMI FL 33126 | | | | | | | SO NOT I | VRITE IN THIS | CDACE | |
| US US | | | | | | | 3. Date Incorporated or Quali | _ | 3FACE | |
| | | | | | | | 10/29/1985 | 160 | - | l |
| 2. Principal Place of Business 2a. Mai | | | 2a. Mailing Address | | | | 4.1 FEI Number | | | pplied For |
| | | | 26. Walling Address | | | - | 59-2778466 | e america. | | ot Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | | | Additional |
| ¬ | | | 27 | | | | 5. Certifcate of Status Desire | d 🗆 | | equired |
| City & State | e | | City & State | | | | 6, Election Campaign Finance | ina | \$5.00 | May Be |
| 23 | | | 28 | | | | Trust Fund Contribution Added to Fees | | | |
| Zip | | Country | Zip | Cou | ntry | | 8. This corporation owes the | current year Int | angible | |
| 24 | | 25 | 29 | 30 | | | Personal Property Tax. | | Yes | □No |
| | 9. Name | and Address of Current | Registered Agent | | | | 10. Name and Address of No | Registered | Agent | |
| | | | | | 81 Name | | | - | | |
| | | IGER & PE P | | | 82 Street | Addres | ss (P.O. Box Number is Not Acc | eptable) | | |
| | BLUE LAC | GOON DR. | | | | | | | | |
| | E 700 | | | | 83 | | | | | |
| · MIAMI FL 33126 | | | | | 84 City | | | | 85 Zip | Code |
| | | | | | - | | | <u>FL</u> | | |
| office or r | anietorad an | ont or both in the State o | 2 and 607.1508, Florida Statu of Florida. Such change was ions of, Section 607.0505, Fl | authonzed | by the com | corpor oration | ration submits this statement for i's board of directors. I hereby a | the purpose of ccept the appoi | changing it ntment as r | s registered egistered |
| SIGNATURE | | | | | | | | | | |
| | Signature, typed | or printed name of registered agent | | | Agent signature | required v | when reinstating) | DATE | | |
| _12 | | | | | | | ADDITIONS OF AN ACTO | OFFICERO AL | IC CIDECT | ODC IN 43 |
| | | UFFICERS AND | D DIRECTORS | 13. | | T | ADDITIONS/CHANGES TO | | | |
| TITLE | PD | | D DIRECTORS | 1.1 TN | | AVE | | . : = | ID DIRECT | ORS IN 12 Addition |
| NAME | RASCO, I | ramon E. | | 1.1 TR 1.2 NA | MÉ | ESC | QUENAZI, SALOMON I | B. | Change | |
| | RASCO, I 5200 BLU | RAMON E. JE LAGOON DR #700 | | 1.1 T/I 1.2 NA 1.3 ST | ME REET ADDRESS | ESC 520 | QUENAZI, SALOMON I 00 BLUE LAGOON DR | B. | Change | |
| NAME STREET ADDRESS CITY-ST-ZIP | RASCO, I 5200 BLU MIAMI FL | RAMON E. JE LAGOON DR #700 | ☐ DELETE | 1.1 T/I 1.2 NA 1.3 ST 1.4 C/I | ME REET ADDRESS Y-ST-ZIP | ESC 520 | QUENAZI, SALOMON I | B. | □ Change | ∏ Addition |
| NAME STREET ADDRESS | RASCO, I 5200 BLU MIAMI FL DST | RAMON E. JE LAGOON DR #700 | | 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII | ME REET ADDRESS Y-ST-ZIP LE | ESC 520 | QUENAZI, SALOMON I 00 BLUE LAGOON DR | B. | Change | ∏ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | RASCO, I 5200 BLU MIAMI FL DST REININGE | ramon e. Je lagoon dr #700 Er, steven r. | ☐ DELETE | 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA | ME REET ADDRESS Y-ST-ZIP LE ME | ESC 520 MIA | QUENAZI, SALOMON I 00 BLUE LAGOON DR | B. | □ Change | ∏ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | RASCO, I 5200 BLU MIAMI FL DST REININGE 5200 BLU | RAMON E. JE LAGOON DR #700 ER, STEVEN R. JE LAGOON DR #700 | ☐ DELETE | 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST | ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS | ESC 520 MIA | QUENAZI, SALOMON I 00 BLUE LAGOON DR | B. | □ Change | ∏ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | RASCO, I 5200 BLU MIAMI FL DST REININGE 5200 BLU MIAMI FL | RAMON E. JE LAGOON DR #700 ER, STEVEN R. JE LAGOON DR #700 | □ DELETE | 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 C | ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS (Y-ST-ZIP | ESC 520 MIA | QUENAZI, SALOMON I 00 BLUE LAGOON DR | B. | ☐ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | RASCO, I 5200 BLU MIAMI FL DST REININGE 5200 BLU MIAMI FL AVP | RAMON E. JE LAGOON DR #700 ER, STEVEN R. JE LAGOON DR #700 | ☐ DELETE | 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII | ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS RY-ST-ZIP LE | ESC 520 MIA | QUENAZI, SALOMON I 00 BLUE LAGOON DR | B. | □ Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | RASCO, 15200 BLU MIAMI FL DST REINING! 5200 BLU MIAMI FL AVP SANTOVE | RAMON E. JE LAGOON DR #700 ER, STEVEN R. JE LAGOON DR #700 ENIA, THERESA E | □ DELETE | 1.1 TII 1.2 NA 1.3 ST 1.4 CF 2.1 TII 2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA | ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME | ESQ 520 MIA | QUENAZI, SALOMON I 00 BLUE LAGOON DR | B. | ☐ Change | Addition |
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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 supplementar 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC