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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H84238

1. Corporation Name

Principal Place of Business	Mailing Address	
4727 N. OCEAN BLVD. FORT LAUDERDALE FL 33308	4727 N. OCEAN BLVD. FORT LAUDERDALE FL 33308	
		3. Da
2. Principal Place of Business	2a. Mailing Address	4. FE
21		5
0.0 4.1 4 -4-	Suite, Apt. #, etc.	
Suite, Apt. #, etc.	27	5. Ce
Suite, Apt. #, etc. 22 City & State	27 City & State	
City & State		6. <u>E</u> k
22	City & State	6. <u>E</u> k
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Feb 17, 1999 8:00 am Secretary of State

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Principal Place	e of Business	Mailing Address				1	i indiali' kibi idili alam liana isidi idil bi	E) 01011 01011 01011	BIBN IBN	
4727 N. OCEAN	N BLVD.	4727 N. OCEAN BLVD.								
FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308				DO NOT WRITE IN THIS SPACE						
						3.	Date Incorporated or Qualifed			1
							11/06/1985			Ι.
2. Principal Place of Business 2a. Mailing Address						4.	FEI Number	A	pplied For] ,
21		26				L	59-2639284		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certificate of Status Desired	•	Additional	~
22		27				ļ.,			equired	-
City & Stat	e	City & State				6.	Election Campaign Financing		May Be to Fees	
23	Country	Zip	Cou	ntrv			This corporation owes the current year		10 / 603	1
Zip 24	25		30	,		6.	Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre					10.	Name and Address of New Register	ed Agent]
				81 1	Name				_	1
	RENO, ROBERT			82 5	Street Addre	ss /P	P.O. Box Number is Not Acceptable)			┨
472	7 N. OCEAN BLVD.								1 2 2	1
				83				新鄉 出推		
FOR	RT LAUDERDALE FL 33308			84 (City		**	85 Zip	Code	1
		· <u></u>			•					1
office or r	enietared agent or both in the State	of Florida. Such change was al	uthorized	i by the	named corpo e corporatior	ration n's bo	n submits this statement for the purpose pard of directors. I hereby accept the ap	or changing it pointment as r	s registerea egistered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	rida Stati	utes.						ĺ
SIGNATURE										
	Clanature based or printed name of registered and	ent and title if applicable (NOTE	Registered	Agent si	ignature required	when re	reinstating) DATE			ے ا
12	Signature, typed or printed name of registered age OFFICERS A		Registered	Agent sig	ignature required		reinstating) い、でき、 DATE ADDITIONS/CHANGES TO OFFICERS		ORS IN 12	g g
12. TITLE		ent and title if applicable (NOTE: ND DIRECTORS DELETE			ignature required		ADDITIONS/CHANGES TO OFFICERS		ORS IN 12	(11/08)
	OFFICERS AI	ND DIRECTORS	13.	TLE	ignature required			AND DIRECT		34-(11/08)
TITLE	OFFICERS A	ND DIRECTORS	13.	TLE			ADDITIONS/CHANGES TO OFFICERS	AND DIRECT		E034-(11/08)
TITLE NAME	OFFICERS AIDP MORENO, ROBERT	ND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE AME	DORESS		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	☐ Addition	PDE034-(11-)08)
TITLE NAME STREET ADDRESS	OFFICERS AT DP MORENO, ROBERT 3120 NE 45 STR	ND DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 ST	TLE AME TREET AL TY-ST-Z	DORESS		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT		CD0E034-(14/08)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORENO, ROBERT 3120 NE 45 STR FT LAUDERDALE FL D MORENO, MARTA	ND DIRECTORS	13. 1.1 TC 1.2 N/ 1.3 S3 1.4 CC	TLE AME TREET AL TY-ST-Z TLE	DORESS		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	☐ Addition	CD2E034-(14/08)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DP MORENO, ROBERT 3120 NE 45 STR FT LAUDERDALE FL D MORENO, MARTA 3120 NE 45 STR	ND DIRECTORS	13. 1.1 Tr 1.2 N/ 1.3 ST 1.4 Cl 2.1 Tr 2.2 N/	TLE AME TREET AL TY-ST-Z TLE	DDRESS ZIP		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	☐ Addition	CD2E034-(44/08)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP MORENO, ROBERT 3120 NE 45 STR FT LAUDERDALE FL D MORENO, MARTA	ND DIRECTORS DELETE DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TI 2.2 NA 2.3 ST 2.4 C	TLE AME TY-ST-Z TLE AME TREET ALI TREET ALI TREET ALI	DORESS ZIP DDRESS		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	☐ Addition	CD0E034 (14/08)
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6.4 CITY-ST-ZIP CITY-ST-ZIP 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 of 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

Inecon TIRED ED NAME OF SIGNING OFFICER OR DIRECTOR