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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J16509 1. Corporation Name

SUPERSONIC ENTERPRISES, INC.

BEAT BIRD ROAD MIAMI FL 33155  BIRD ROAD MIAMI FL 33155  BONT WRITE IN THIS SPACE  3. Date incorporated or Qualified 05/28/1986  2. Principal Place of Business 2. A Mailing Address 2. E Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. E City & State 2. City & State 2. City & State 2. City & State 2. E Country 2. Day 2. Day 2. Day 2. Day 3. Name and Address of Current Registered Agent  4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Country 6. Election Campaign Financing 7. Trust Fund Contribution 7. Added to Fees 7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. Name Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Street Address (P.O. Box Number is Not Acceptable)  8. Signature, Special or presed rame of registered agent in the State of Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent in mellial with, and accept the obligation of Agent pages authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in mellial with, and accept the obligation of Agent pages authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in mellial with, and accept the obligation of Agent pages authorized by the corporation's board of directors. I hereby accept the appointment as registered agent in mellial with, and accept the obligation of Agent pages authorized by the corporation's board of direct	BEAT ARISE DAGO MIMMI FL 33155    DO NOT WRITE IN THIS SPACE	Principal Place	o of Business	Mailing Address					
MAMI FL 33155   MAMI FL 33155   DO NOT WRITE IN THIS SPACE	MAMI FL 33155  MAMI FL 33155  DO NOT WRITE IN THIS SPACE 3. Dela Incorporated or Qualified 05/22/1986  E. Principal Place of Business 2. Principal Place of Business 3. Principal Place of	•							
Sprincipal Place of Business   2a	Specific							DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.  City & State  Ci	Sulfa, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Sith confortibution  Added to Fees  Added to Fees  Name  ST. LAURENT, LOUIS  10550 NORTHYMEST 29TH COURT  SUITE 2067  CORAL, SPRING FL. 33065  82  Sireer Address (P.O. Box Number is Not Acceptable)  ST. LAURENT, LOUIS  10550 NORTHYMEST 29TH COURT  SUITE 2067  CORAL, SPRING FL. 33065  84  City  FL  85  Sireer Address (P.O. Box Number is Not Acceptable)  SIGNATURE  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 agent. or both, in the State of Florida. Statutes, the above-named corporation southwist this statement for the purpose of changing its registered agent. In mainter with, and except the obligations of, Section 07.0505, Floridas Statutes, the above-named corporation southwist this statement for the purpose of changing its registered agent. In mainter with, and except the obligations of, Section 07.0505, Floridas Statutes, the above-named corporation southwist this statement for the purpose of changing its registered agent. In mainter with, and except the obligations of, Section 07.0505, Floridas Statutes, the above-named corporation southwist this statement for the purpose of changing its registered agent. In mainter with, and except the obligations of, Section 07.0505, Floridas Statutes, the above-named corporation southwist this statement for the purpose of changing its registered agent. In mainter with, and except the obligations of Section 07.0505, Floridas Statutes, the above-named corporation southwist this statement for the purpose of changing its registered agent. In mainter with, and except the obligations of the purpose of changing its registered agent. In mainter with, and								
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Suite, Apt. #, etc.    Suite, Apt. #, etc.   27	Suite, Apt. #, etc.    Suite, Apt. #, etc.	21		26				59-2695479 Not Applicable	]
City & State  23	City & State   City & State   City & State   Country   Zip	Suite, Apt.	#, etc.	<b>⊢</b>				I 5 Cortificate of Status Desired I I	
2ip   Country   2ip   Country   2ip   Country   S. This corporation owes the current year Intanglele   Personal Property Tax.   Yes   No	Zip	City & Stat	0	City & State	City & State				
ST. LAURENT, LOUIS 10550 NORTHWEST 29TH COURT SUITE 2667 CORAL SPRING FL 33065  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 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature, lyped or protect name of registered agent and time if applicable.  NOTE: Registered Agent agent and time if applicable.  NOTE: Registered Agent agent and time if applicable.  NOTE: Registered Agent agent and time if applicable.  NOTE: Registered Address (P.O. Box Number is Not Acceptable)  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 agent. In a statute agent and time if applicable.  SIGNATURE Signature, lyped or protect name of registered agent and time if applicable.  NAME  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. STREET ADDRESS  15340 SW 153 ST  13. STREET ADDRESS  14. CITY  14. CITY  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY ST.2P  MIAMI FL  14. CITY ST.2P  14. CITY ST.2P  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY ST.2P  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY ST.2P  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	ST. LAURENT, LOUIS 10550 NORTHWEST 29TH COURT SUITE 2067 CORAL SPRING FL 33065  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 approximant as registered agent, and another with, and accept the obligations of, Section 607.0505, 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 approximant as registered office or registered agent are in implication of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  12. OFFICERS AND DIRECTORS  13. TITLE  12. OFFICERS AND DIRECTORS  14. CITY-ST.2IP  14. CITY-ST.2IP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. TITLE  15. Change Additional Control of the purpose of Change Additional Control of Change Additional Co	Zip	·	Zip		ntry			
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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

**FILED** 

May 10, 1999 8:00 am Secretary of State

05-10-1999 90146 012 \*\*\*150.00