**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90235 022 \*\*\*150.00

## 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

i Corporation	MENT # <b>J25742</b> HARE, INC.							
Principal Place	of Business	Maiting Address				- 1 3405158 4150 11001 05115 14051 01010 15	BI BABII BIBII BIQIA BIBA BI	INII ASAKI INNI  .
· .		· ·						
1759 BAY ROAD MIAMI BEACH FL 33128 US		1759 BAY ROAD Miami Beach FL 33139 US			DO NOT WRITE II	N THIS SPACE		
						3. Date Incorporated or Qualifed	,	
						07/25/1986		-
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apr	olied For
21		26				59-2688883	Not	Applicable
Suite Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75 A	dditional
22		27				5 Certificate of Status Desired	Fee Red	quired
City & State	9	City & State				6. Election Campaign Financing	\$5.00	May Ro
23		28				Trust Fund Contribution	Added to	
			Countr			8. This corporation owes the current		
24	25	<u> </u>	30	,		Personal Property Tax.		□No
24	9. Name and Address of Current		<del>, , , , , , , , , , , , , , , , , , , </del>			10. Name and Address of New Regi		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>	8	1 Nam	ie			
KELLER, JOHN								
200 S. BISCAYNE BLVD.			82	2 Stre	et Addre	ess (P.O. Box Number is Not Acceptable)	l :	
SUITE 3460			8:	-		·	<del></del>	
MIAMI FL 33131			0.	ا"				
MIAMI FL 33131			84	4 City			FL 85 Zip C	ode
office or real agent. I as	agistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida, Such change was au ons of, Section 607.0505, Flori	thorized b da Statute	y the co s.	rporation	oration submits this statement for the purp n's board of directors. I hereby accept the	e appointment as reg	jistered
12.	Signature, typed or printed name of registered agent a		Registered Age	ent signatu	re required	when reinstating)  ADDITIONS/CHANGES TO OFFICE		DQ INI 12
	OFFICERS AND	DELETE				ADDITIONO/CHANGES TO OFFICE	☐ Change	Addition
TITLE			1.1 TITLE			•	☐ Change	L'Addison
NAME	1,0111,000111		1	1.2 NAME				
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.3 STRE	1.3 STREET ADDRESS				)
CITY-ST-ZIP	7/1/10/10/10/10/10		1.4 CITY-	ST-ZIP				
TITLE	☐ DELETE 2.1 T						☐ Change	☐ Addition
NAME	221		2.2 NAME	E				-
STREET ADDRESS			2.3 STRE	ET ADDRE	ss		- :	
CITY-ST-ZIP	2.41			-ST-ZIP		~		
TITLE	☐ DELETE 3.11						Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STRE	ET ADDRE	ss			
1			1					
CITY-ST-ZIP TITLE				3.4. CITY-ST-ZIP 4.1 TITLE			Change	Addition
1	1		1	4. 2 NAME			,	_
NAME					_			
STREET ADDRESS				ET ADDRE	SS			
CITY-ST-ZIP	· <del> </del>		4.4 CITY-			<del></del>	Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE		-		Change	☐ Addition
NAME			5.2 NAME					,
STREET ADDRESS				ET ADDRES	SS			
0111-01-211			5.4 CITY-					
			6.1 TITLE				☐ Change	☐ Addition
	•		62 NAME		1			

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