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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # J62963

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Mar 06, 1999 8:00 am
Secretary of State
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<ol> <li>Corporation</li> </ol>	Name 102903							
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Principal Place	of Business	Mailing Address			<del> </del>		3101) B1011 01011 0131	1 01011 01011 1001
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18090 COLLINS #144	AVE.	18090 COLLINS AV #144	<b>G</b> .					
N. MIAMI BCH FL 33160 N. MIAMI BCH FL 33160			33160		, DO	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated	or Qualifed	,	ļ
				-	03/23/1987			
2. Principal P	lace of Business	2a. Mailing Addres	ss		4. FEI Number		7—	pplied For
21		26		-1	59-2787249			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	etc.		5. Certifcate of Status	s Desired 🔲	•	Additional Required
22		27		_				<del></del>
City & State	e	City & State			6. Election Campaign	- 1		May Be
23 Zin	Country	Zip		untry	8. This corporation of	77. 4"		·/
Zip	25	29	30	aria y	Personal Property	-	ar mangible □Yes	No
24	9. Name and Address of Curren		[30]	<u> </u>	10. Name and Addres			
				81 Name	SKENAZI	ALBE	777	
	ÉVA <b>Z</b> I, ALBERT			1	7		<del>(10-1</del>	
1809	O COLLINS AVE			82 Street Add	dress (P.O. Box Number is	Not Acceptable)		
144		Λ		83				
NMB	3 FL 32160	1\					[as ] 7:-	Code
ŀ	$I = I \times I$	1 \		84 City			FL  85   Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida	Statutes, the a	bove-named co	rporation submits this stater	ment for the purpo	se of changing it	s registered
office or re	to the provisions of Sections 607 050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change	e was authorize 505. Florida Stat	d by the corpora tutes.	tion's board of directors. I h	ereby accept the	appointment as r	registered
l						1//7	VVL	1
COMMITTIES	\ //						1, ,	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Registere	d Agent signature requ		DA		
SIGNATURE	OFFICERS AN	ID DIRECTORS	13.		ired when reinstating) ADDITIONS/CHANG		S AND DIRECT	
	PD OFFICERS AN		.ETE 1.1 T	me				
12.	PD ESKENAZI, ALBERT	ID DIRECTORS	13. ETE 1.1 T 1.2 N	ITLE AME			S AND DIRECT	
12.	PD COLLINS AVE.	ID DIRECTORS	13. ETE 1.1 T 1.2 N 1.3 S	TLE AME TREET ADDRESS			S AND DIRECT	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESKENAZI, ALBERT	ID DIRECTORS	13. ETE 1.1 T 1.2 N 1.3 S 1.4 G	ITLE AME TREET ADDRESS ITY-ST-ZIP			S AND DIRECT	e  ☐ Addition
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14. I hereby certify that the information supplied with this filling 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 receipt 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.

SIGNATURE:

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

101-80410