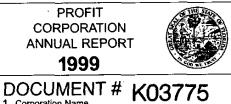
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

PEPE & NEMIRE, P.A.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90214 014 ***150.00

Principal Place of Business Mailing Address				(199181)) 5/4 (91494))/4 (1992) 1892) 1893) 1893) 1893) 1893) 1893) 1893)						
1500 SAN REM	O AVENUE	1500 SAN REMO AVENUE								
STE. 220	EL 00440 0043	STE. 220 CORAL GABLES FL 33146-3047 US				DO NOT WRITE IN THIS SPACE				
US GABLES	S FL 33146-3047					3. Date Incorporated or Qualifed				
		*-				11/20/1987				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
21		26				65-0060823		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional			
27					V. Certificate of citating Desired		Fee Re	quired		
City & State City & State					6. Election Campaign Financing \$5.00					
23		28				Trust Fund Contribution		Added I	o Fees	
Zip	Country	Zip Country				8. This corporation owes the current Personal Property Tax.	year Intangit		No	
24	9. Name and Address of Curren		01			10. Name and Address of New Regi			2.10	
	s. Name and Address of Curren	it Kedisteren Adem		81	Name	70. 1141110 41110 41110 41110 41110 41110	.			
PEPE	e, thomas f.		Į.							
	SAN REMO AVENUE		İ	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
STE.	. 220		-	83						
COR	AL GABLES FL 33146		1					T -		
	\mathcal{O}			84	City		FL 81	1		
11. Pursuant	to the provisions of Sections 607.050	and 807.1508, Florida Statutes	, the ab	ove-	named corpo	pration submits this statement for the pur	pose of char	nging its	registered	
office or n agent. I a	egistered agont, or both, in the State m familiar with, and accept the obliga	logis of, Section 607.0505, Florid	nonzed Ia Statu	tes.	ne corporation	n's board of directors, I hereby accept the	e appointme	, 4	giotorea	
SIGNATURE	nmall.	ne		TH	OMAS_F	F. PEPE	4/ze	199		
	Signature typed or winted name of registered gar	in the title if applicable. (NOTE: R	egistered /	Agent	signature required	ADDITIONS/CHANGES TO OFFICE	FRS AND D	RECTO	RS IN 12	
12./	DPST	DELETE	1,1 TITL	LE		ADDITIONS OF BRIDE		Change	Addition	
NAME	PEPE, THOMAS F.		1.2 NA							
STREET ADORESS	1500 SAN REMO AVENUE, ST	F 220	ł		ADDRESS				1	
CITY-ST-ZIP	CORAL GABLES FL	L. C20	1.4 CIT							
TITLE	00.012 00.020 1.2	DELETE	2.1 TITL					Change	☐ Addition	
NAME			2.2 NA	ME			7,5			
STREET ADDRESS	1		2.3 STF	REET A	ADDRESS				1	
CITY-ST-ZIP			2. 4 CT	TY-ST	-ZiP				-	
TITLE			3.1 ∏∏	LE				Change	Addition	
NAME			3.2 NA	ME						
STREET ADDRESS			3 3 STF	REET /	ADDRESS					
CITY-ST-ZIP			3.4. CIT	ry-\$t	-ZIP					
TITLE		☐ DELETE	4,1 TITI	LE _				Change	Addition	
NAME			4.2 NA	ME				-		
STREET ADDRESS			4.3 STF	REET /	ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP					
TITLE		☐ DELETE	5.1 TITI	LE				Change	☐ Addition	
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 STI	REET	ADDRESS					
CITY-ST-ZIP			5.4 CIT		-ZIP					
TITLE		☐ DELETE	6.1 TIT	Œ				Change	☐ Addition	
NAME			6.2 NAI	ME						
STREET ADDRESS			6.3 ST	REET	ADDRESS				ļ	
· · · · · · · · · · · · · · · · · · ·	1		1							

14. I hereby certify that the information supplied with this filips does not qualify for the examption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental amount report is true and acceptate 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 of 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 affectment with an address, with an other like empowered.

SIGNATURE:

1799