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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # K11864



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90202 016 \*\*\*150.00

ODESSA	INVESTMENTS, INC.										
Principal Place	e of Business	Mailing Address						1181) BID	/II <b>B</b> 1815 1 <b>38</b> 1		
6915 RED RD		P.O. BOX 450958									
215 A		MIAMI FL 33245				DO NOT WRITE IN THIS SPACE					
CORAL GABLES	S FL 33143	U\$	05			3. Date Incorporated or Qualifed				1	
00						01/14/1988					
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Appl	lied For	1	
21		26				65-0028417		Not.	Applicable	]	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additions					
22		27				3. 03.03.03.03.03.03.03.03.03.03.03.03.03.0		e Req		-	
City & State	e	City &: State				= 6- Election Campaign Financing					
23	Court-	Zip Country				Trust Fund Contribution		Dea to	rees	1	
Zip	Country	— · —	io	iii y		R. This corporation owes the current year In     Personal Property Tax.	Yes	. }	<b>⊉</b> rÑo		
24	25   9. Name and Address of Current		<u>"</u>	Γ-	A	10. Name and Address of New Registered				1	
· · ·	5. Hame and Address of Carron			81	Name		-			1	
TAH/	A, SAMIR M.		1	00	Ot4 A da	Iress (P.O. Box Number is Not Acceptable)				-	
7835	5 N.W. 15TH ST.			82	Street Add	iress (P.O. Box Number is Not Acceptable)					
MIAN	/II FL 33126			83						]	
				84	Cin		85	Zip Co	nde	┨	
					City	FL	_	•			
- tt:	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was auti lions of, Section 607.0505, Florid	honzed Ja Statu	utes.	tne corporati	poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	intment	as regi	stered		
OIOITT GILL	Signature, typed or printed name of registered agent		_	Agent	t signature requir	ed when reinstating) DATE			NO 131 40	- 3	
12.	OFFICERS AN	D DIRECTORS	13.	7.5		ADDITIONS/CHANGES TO OFFICERS A	Cha		Addition	1	
TITLE	D TALLA CAMID M	1.21								:	
NAME	TAHA, SAMIR M. 6915 RED RD., #215-1				ADDRESS						
STREET ADDRESS	MIAMI FL		1.4 CI								
CITY-ST-ZIP TITLE	V	DELETE 2.1 TI								1	
NAME	TAHA, BASSAM			TLE			Cha	ınge	Addition	1	
STREET ADDRESS	6915 RED ROAD, #215-A		2.2 NA		1		Cha	ange	Addition	i	
CITY-ST-ZIP			2.2 NA	AME	ADDRESS		Cha	ange	Addition		
	MIAMI FL		2.2 NA 2.3 ST	AME							
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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.

SIGNATURE: