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 # K14169

1. Corporation Name

PALIL FRIEDLANDER, INC.

Principal Place of Business	Mailing Address
10721 SW 116 AVENUE	10721 SW 116 AVENUE
MIAMI FL 33176	MIAMI FL 33176
US	US

Feb 15, 1999 8:00 am Secretary of State

02-15-1999 90026 037 ***150.00



TAGETTI	REDEARDERS INC.								
Principal Place	e of Business	Mailing Address						,	
10721 SW 116 A	AVENUE	10721 SW 116 AVE	NUE						
MIAMI FL 33176		MIAMI FL 33176				DO NOT W	VRITE IN THIS	SPACE	
US		US				3. Date Incorporated or Qualit		3 01 7102	
						02/05/1988			
	6 Division in the second	2a. Mailing Addres				4. FEI Number		Ap	olied For
− i ′	ace of Business	26	3 3			65-0037871		1 1	Applicable
21	#	Suite, Apt. #, e	etc.					\$8.75	dditional
Suite, Apt. :	#, etc.	27				5. Certificate of Status Desired	d 🗆	Fee Re	quired .
City & State		City & State				6. Election Campaign Financi	na	\$5.00	May Be
— '	6	28				Trust Fund Contribution	a 🗆	Added t	
Zip	Country	Zip				8. This corporation owes the	current year Ir	ntangible	
—	25	29	30			Personal Property Tax.		☐ Yes	□No
24	9. Name and Address of Curr	1	1			10. Name and Address of Ne	w Registered	i Agent	
	3. ((a))			81	Name				i
FRIË	DLANDER, PAUL			82	Street Addre	ess (P.O. Box Number is Not Acc	entable)		
1072	1 SW 116 AVE			02	Sueet Addie	ess (F.O. Dax Hamber is Hothics		w	
	M FL 33176			83		4 1 2 2 2 2			
								85 Zip (Code
				84	City		F!	L 83 Zip .	
	to the provisions of Sections 607.0 registered agent, or both, in the Sta im familiar with, and accept the obli					oration submits this statement for on's board of directors. I hereby a		of changing its ointment as re	registered gistered
office or reagent. I a	registered agent, or both, in the Starm familiar with, and accept the obli-	gations of, Section 607.05	(NOTE: Registers	atutes.	and corporatio	d when reinstating)	DATE		· · · · · · · · · · · · · · · · · · ·
office or ragent. I a SIGNATURE	registered agent, or both, in the Sta im familiar with, and accept the obli- Signature, typed or printed name of registered a OFFICERS /	gations of, Section 607.05	(NOTE: Registers	atutes.	and corporatio	d when reinstating) : :	DATE		· · · · · · · · · · · · · · · · · · ·
office or ragent. I a SIGNATURE 12.	registered agent, or both, in the Sta im familiar with, and accept the obli- Signature, typed or printed name of registered a OFFICERS	gations of, Section 607.08 sgent and title if applicable. AND DIRECTORS	(NOTE: Registers 13 LETE 1.1	atutes.	and corporatio	d when reinstating)	DATE	AND DIRECTO	PRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the Sta im familiar with, and accept the obli- Signature, typed or printed name of registered a OFFICERS / PSD FRIEDLANDER, PAUL	gations of, Section 607.08 sgent and title if applicable. AND DIRECTORS	(NOTE: Registere 1.1 LETE 1.1	atutes. red Agent 3. TITLE NAME	and corporatio	d when reinstating) : :	DATE	AND DIRECTO	PRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS / PSD FRIEDLANDER, PAUL 10721 SW 116 AVENUE	gations of, Section 607.08 sgent and title if applicable. AND DIRECTORS	(NOTE: Register 13 LETE 1.1 1.3	atutes. red Agent 3. TITLE NAME	t signature required	d when reinstating) : :	DATE	AND DIRECTO	PRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Sta im familiar with, and accept the obli- Signature, typed or printed name of registered a OFFICERS / PSD FRIEDLANDER, PAUL	gations of, Section 607.08 sgent and title if applicable. AND DIRECTORS	(NOTE: Register 13 LETE 1.1 1.2 1.3	atutes. red Agent 3. TITLE NAME STREET	t signature required	d when reinstating) : :	DATE	AND DIRECTO	PRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS / PSD FRIEDLANDER, PAUL 10721 SW 116 AVENUE	gations of, Section 607.08 gent and title if applicable. AND DIRECTORS	(NOTE: Register 13 LETE 1.1' 1.2' 1.3: 1.4 LETE 2.1'	red Agent 3. TITLE NAME STREET CITY-ST	t signature required	d when reinstating) : :	DATE	ND DIRECTO ☐ Change	PRS IN 12
office or ragent. I a SIGNATURE 12, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Starm familiar with, and accept the obliming the starm familiar with, and accept the obliming the starm of the start of the starm of the sta	gations of, Section 607.08 gent and title if applicable. AND DIRECTORS	(NOTE: Register 13 LETE 1.1' 1.2' 1.3: 1.4 LETE 2.1'	ed Agent 3. TITLE NAME STREET CITY-ST TITLE NAME	t signature required	d when reinstating) : :	DATE	ND DIRECTO ☐ Change	PRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Starm familiar with, and accept the obliming the starm familiar with, and accept the obliming the starm of the start of the starm of the sta	gations of, Section 607.08 gent and title if applicable. AND DIRECTORS	(NOTE: Registers 13 LETE 1.1 1.2 1.3 LETE 2.1 2.2 2.3	ed Agenta 3. TITLE NAME STREET CITY-ST TITLE NAME NAME STREET	signature required ADDRESS 1-2IP	d when reinstating) : :	DATE	ND DIRECTO ☐ Change	PRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Starm familiar with, and accept the obliming the starm familiar with, and accept the obliming the starm of the start of the starm of the sta	gations of, Section 607.08 gent and title if applicable. AND DIRECTORS	(NOTE: Register 13 LETE 1.1 1.2 1.3 1.4 LETE 2.1 2.2 2.3 2.4	ed Agent 3. TITLE NAME STREET CITY-ST TITLE NAME	signature required ADDRESS 1-2IP	d when reinstating) : :	DATE	ND DIRECTO ☐ Change	PRS IN 12
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Starm familiar with, and accept the obliming the starm familiar with, and accept the obliming the starm of the start of the starm of the sta	gations of, Section 607.09 gations of, Section 607.09 ggations of, Section 607.09	(NOTE: Register 13 LETE 1.1' 1.2' 1.3' LETE 2.1' 2.2 2.3 2.4 ELETE 3.1	ed Agent 3. TITLE NAME STREET CITY-ST TITLE NAME STREET AGET 4 CITY-S	signature required ADDRESS 1-2IP	d when reinstating) : :	DATE	ND DIRECTO ☐ Change ☐ Change	PRS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Starm familiar with, and accept the oblim familiar with, and accept the oblim signature, typed or printed name of registered a OFFICERS / PSD FRIEDLANDER, PAUL 10721 SW 116 AVENUE MIAMI FL	gations of, Section 607.09 gations of, Section 607.09 ggations of, Section 607.09	(NOTE: Register 13 LETE 1.1' 1.2' 1.3. 1.4 LETE 2.1' 2.2 2.3 2.4 ELETE 3.1 3.2	atutes. atutes. atutes. Title NAME STREET CITY-ST TITLE NAME STREET 4 CITY-S TITLE NAME	signature required ADDRESS 1-2IP	d when reinstating) : :	DATE	ND DIRECTO ☐ Change ☐ Change	PRS IN 12 Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	registered agent, or both, in the Starm familiar with, and accept the oblim familiar with, and accept the oblim signature, typed or printed name of registered a OFFICERS / PSD FRIEDLANDER, PAUL 10721 SW 116 AVENUE MIAMI FL	gations of, Section 607.09 gations of, Section 607.09 ggations of, Section 607.09	(NOTE: Register 13 LETE 1.1' 1.2' 1.3' 1.4' LETE 2.1' 2.2' 2.3 2.4' ELETE 3.1 3.2 3.3	atutes. atutes. atutes. Title NAME STREET CITY-ST TITLE NAME STREET 4 CITY-S TITLE NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	d when reinstating) : :	DATE	ND DIRECTO Change Change	PRS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Starm familiar with, and accept the oblim familiar with, and accept the oblim signature, typed or printed name of registered a OFFICERS / PSD FRIEDLANDER, PAUL 10721 SW 116 AVENUE MIAMI FL	gations of, Section 607.09 gations of, Section 607.09 ggations of, Section 607.09	(NOTE: Register 13 LETE 1.1' 1.2' 1.3. 1.4 LETE 2.1' 2.2 2.3 2.4 3.1 3.2 3.3 3.4	ed Agent 3. TITLE NAME STREET CITY-ST TITLE NAME STREET 4 CITY-S TITLE NAME NAME STREET	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	d when reinstating) : :	DATE	ND DIRECTO ☐ Change ☐ Change	PRS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Starm familiar with, and accept the oblim familiar with, and accept the oblim signature, typed or printed name of registered a OFFICERS / PSD FRIEDLANDER, PAUL 10721 SW 116 AVENUE MIAMI FL	gations of, Section 607.09 gations of, Section 607.09 gent and title if applicable. AND DIRECTORS DEI	(NOTE: Registere (NOTE: Registere 1.1°) LETE 1.1° 1.3° 1.4° LETE 2.1° 2.2° 2.3° 2.4° ELETE 3.1° 3.2° 3.3° 3.4° ELETE 4.1°	atutes. ed Agent 3. TITLE NAME STREET CITY-ST TITLE NAME STREET 4 CITY-S TITLE NAME STREET STREET CITY-S STREET CITY-S STREET CITY-S STREET CITY-S	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	d when reinstating) : :	DATE	ND DIRECTO Change Change	PRS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Starm familiar with, and accept the oblim familiar with, and accept the oblim signature, typed or printed name of registered a OFFICERS / PSD FRIEDLANDER, PAUL 10721 SW 116 AVENUE MIAMI FL	gations of, Section 607.09 gations of, Section 607.09 gent and title if applicable. AND DIRECTORS DEI	(NOTE: Registere (NOTE:	adutes. ad Agent Title NAME STREET TITLE NAME STREET ACITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS	d when reinstating) : :	DATE	ND DIRECTO Change Change	PRS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Starm familiar with, and accept the oblim familiar with, and accept the oblim signature, typed or printed name of registered a OFFICERS / PSD FRIEDLANDER, PAUL 10721 SW 116 AVENUE MIAMI FL	gations of, Section 607.09 gations of, Section 607.09 gent and title if applicable. AND DIRECTORS DEI	(NOTE: Registere (NOTE: Registere 1.1°) LETE 1.1° 1.3° 1.4' LETE 2.1° 2.2 2.3 2.4' LETE 3.1 3.2 3.3 3.4. ELETE 4.1 4.2 4.3	adutes. ad Agent Title NAME STREET TITLE NAME STREET ACITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME	t signature required ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS	d when reinstating) : :	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change	Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Starm familiar with, and accept the oblim familiar with, and accept the oblim signature, typed or printed name of registered a OFFICERS / PSD FRIEDLANDER, PAUL 10721 SW 116 AVENUE MIAMI FL	gations of, Section 607.09 gations of, Section 607.09 gent and title if applicable. AND DIRECTORS DEI	(NOTE: Registere (NOTE: Registere 1.1°) LETE 1.1° 1.3° 1.4° LETE 2.1° 2.2° 2.3° 2.4° ELETE 3.1° 3.2° 3.3° 3.4° ELETE 4.1° 4.2° 4.3° 4.4° 4.4° 4.4° 4.4° 4.4° 4.4° 4.4	adutes. ad Agent Title NAME STREET TITLE NAME STREET STREET A CITY-ST TITLE NAME STREET TITLE NAME STREET CITY-ST TITLE NAME STREET STREET	t signature required ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS	d when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIRECTO Change Change	PRS IN 12 Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Starm familiar with, and accept the oblim familiar with, and accept the oblim signature, typed or printed name of registered a OFFICERS / PSD FRIEDLANDER, PAUL 10721 SW 116 AVENUE MIAMI FL	gations of, Section 607.09 gent and title if applicable. AND DIRECTORS DEI	(NOTE: Registere (NOTE: Registere 1.1°) LETE 1.1° 1.3° 1.4° LETE 2.1° 2.2° 2.3° 2.4° LETE 3.1° 3.2° 3.3° 3.4° ELETE 4.1° 4.2° 4.3° 4.4° ELETE 5.1°	adutes. ad Agent Title NAME STREET TITLE NAME STREET 4 CITY-S TITLE NAME STREET 4 CITY-S TITLE NAME STREET CITY-S TITLE AGENTALE STREET CITY-S TITLE CITY-S TITLE	t signature required ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS	d when reinstating) : :	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change	Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	registered agent, or both, in the Starm familiar with, and accept the oblim familiar with, and accept the oblim signature, typed or printed name of registered a OFFICERS / PSD FRIEDLANDER, PAUL 10721 SW 116 AVENUE MIAMI FL	gations of, Section 607.09 gent and title if applicable. AND DIRECTORS DEI	(NOTE: Registere (NOTE: Registere 1.1° 1.2° 1.3° 1.4° 1.4° 1.4° 1.4° 1.4° 1.4° 1.4° 1.4	adutes. ad Agent Title NAME STREET TITLE NAME STREET 4 CITY-S TITLE NAME STREET 4 CITY-S TITLE NAME STREET 1 CITY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME	t signature required ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS	d when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change	Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or both, in the Starm familiar with, and accept the oblim familiar with, and accept the oblim signature, typed or printed name of registered a OFFICERS / PSD FRIEDLANDER, PAUL 10721 SW 116 AVENUE MIAMI FL	gations of, Section 607.09 gent and title if applicable. AND DIRECTORS DEI	(NOTE: Registere (NOTE: Registere 1.1°) LETE 1.1° 1.3° 1.4' LETE 2.1° 2.2 2.3 2.4' LETE 3.1 3.2 3.3 3.4. ELETE 4.1 4.2 4.3 4.4 ELETE 5.1 5.2 5.3	adutes. ad Agent Title NAME STREET TITLE NAME STREET 4 CITY-S TITLE NAME STREET 4 CITY-S TITLE NAME STREET 1 CITY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME	t signature required ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	d when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change ☐ Change	PRS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Starm familiar with, and accept the oblim familiar with, and accept the oblim signature, typed or printed name of registered a OFFICERS / PSD FRIEDLANDER, PAUL 10721 SW 116 AVENUE MIAMI FL	gations of, Section 607.09 gent and title if applicable. AND DIRECTORS DEI	(NOTE: Registere (NOTE: Registere 1.1°) LETE 1.1° 1.3° 1.4 LETE 2.1° 2.2 2.3 2.4 LETE 3.1 3.2 3.3 3.4 ELETE 4.1 4.2 4.3 4.4 ELETE 5.1 5.2 5.3 5.4	adutes. ad Agent Title NAME STREET TITLE NAME STREET A CITY-ST TITLE NAME STREET A CITY-S TITLE NAME STREET A CITY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET STREET TITLE NAME STREET	t signature required ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	d when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change	Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Starm familiar with, and accept the oblim familiar with, and accept the oblim of printed name of registered a OFFICERS / PSD FRIEDLANDER, PAUL 10721 SW 116 AVENUE MIAMI FL	gations of, Section 607.09 gations of, Section 607.09 gations of, Section 607.09 AND DIRECTORS DEI DE	(NOTE: Registere (NOTE: Registere 1.1° 1.2° 1.3° 1.4° 1.4° 1.4° 1.4° 1.4° 1.4° 1.4° 1.4	adutes. ad Agent Title NAME STREET TITLE NAME STREET A CITY-ST TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE AME STREET CITY-S TITLE AME STREET CITY-S TITLE	t signature required ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	d when reinstating) ADDITIONS/CHANGES TO	DATE	ND DIRECTO ☐ Change ☐ Change ☐ Change ☐ Change	PRS IN 12 Addition Addition Addition
office or ragent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Starm familiar with, and accept the obliming the starm familiar with, and accept the oblimination of the starm of the start of the starm of	gations of, Section 607.09 gations of, Section 607.09 gations of, Section 607.09 AND DIRECTORS DEI DE	(NOTE: Registere 1.1° 1.2° 1.3° 1.4° 1.4° 1.4° 1.4° 1.4° 1.4° 1.4° 1.4	adutes. ad Agent Title NAME STREET CITY-S TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME STREET TITLE NAME NAME STREET TITLE NAME NAME STREET TITLE NAME STREET NAME STREET NAME STREET TITLE	t signature required ADDRESS T-ZIP T ADDRESS ST-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	d when reinstating) ADDITIONS/CHANGES TO	DATE	\ \text{ND DIRECTO} \text{ Change} \text{ Change}	PRS IN 12 Addition Addition Addition

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 adachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: