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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris .

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K20543

VALE I. GALANTER, P.A.

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90023 048 ***125.00 04-16-1999 90073 037 ****25.00

INCL L										
Principal Plac	e of Business	Mailin	ng Address							
2800 BISCAYNE BLVD 2800 BISCAYNE BLVD						-		•		
CREDIT BANK TOWER, 9TH FLOOR CREDI			REDIT BANK TOWER, 9TH FLOOR			1	DO NOT WRITE IN THIS SPACE			
MIAMI FL 33137 MIAMI FL 3315			PL 33131	33137			3. Date Incorporated or Qualified			
			•			04/08/1	QRR		•	ļ
2 Demain al B	None of Durings	2a, M	ailing Address			4. FEI Numb		,	Ap	plied For
	lace of Business	26				- 65-0050	H53		: NO	t Applicable
21 Sulte, Apt.	# etc		ite, Apt. #, etc.					D	\$8.75	Additional
22	. m, ew.	27	,			5. Certificate	of Status Desired	<u> </u>	Fee Re	quired
City & Stat	<u> </u>		ity & State			6, Election C	ampaign Financing		\$5.00	May Be
23	<u> </u>	28	•			Trust Fund	Contribution		Added 1	o Fees
Zip	Country	ZI	p	Countr	y	8. This corpo	nation owes the cu	ment year In	tangible	_ 1
24	25	29		30			Property Tax.		☐ Yes	□No
•••	9. Name and Address of C	Current Register	ed Agent			10. Name en	Address of New	Registered	Agent	
				B1	Name		•			}
GAL	anter, yale L			82	Strant	Address (P.O. Box Nu	imber is Not Accept	table)		
2800	D BISCAYNE BLVD.			"	0					
NIN	th floor			63			_			
MIAI	MI FL 33131			<u>-</u>	i or				85 Zip (Code
				84	1 1	•		FL	1.1	
11. Pursuant office or r agent. I a	to the provisions of Sections 60 registered agent, or both, in the m familiar with, and accept the	37,0502 and 607. State of Florida. obligations of, Se	Such change was a action 607.0505, Flo	authorized by orida Statute	the corp	oration's board of dire	ctors. I hereby acce	thi ass subbe-	-	}
SIGNATURE	Signature, typed or printed name of registe	ared agent and little If upp	plicable. (NOTE	E: Registered Age		aguired when minetaling)		DATE		
ŞIGNATURE	Signature, typed or printed name of register OFFICE!		Platte. (NOTE	Registered Age 13.		aguired when minetaling)	CORS. I hereby according to the succession of th	DATE		
SIGNATURE 12.	Signature, typied or printed name of register OFFICE:	ared agent and little If upp	plicable. (NOTE	13.	rt signesure i	aguired when minetaling)		DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of register OFFICE! D GALANTER, YALE L.	ared agent and little If upp	Platte. (NOTE	13. 1.1 TITLE 1.2 NAME	ri signature	equired when minetaling)		DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registal OFFICE! D GALANTER, YALE L. 2800 BISCAYNE BLVD	ared agent and little If upp	Platte. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ri signature	equired when minetaling)		DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of register OFFICE! D GALANTER, YALE L.	ared agent and little If upp	ORS DELETÉ	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CTY-5	ri signature	equired when minetaling)		DATE	ND DIRECTO	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-5T-ZIP TITLE NAME	Signature, typed or printed name of registal OFFICE! D GALANTER, YALE L. 2800 BISCAYNE BLVD	ared agent and little If upp	ORS DELETÉ	13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME	of algreture of ADDRESS ST-ZP	equired when minetaling)		DATE	ND DIRECTO	RS IN 12 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). Flonds 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 eath; 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 or an attantment with an address, with all other like empowered.