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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # K23879



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Feb 27, 1999 8:00 am Secretary of State **Katherine Harris**

02-27-1999 90006 027 ***150.00

| CARENIS CORPORATION | | | | | | | | |
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| Principal Place of Business | Mailing Address | | | | | 1939 1831 91917 9 | isher mimit Ashri | 41411 41817 144 1 |
| 100 SE 2ND STREET | 100 SE 2ND STREET | | | | - | | | |
| 17TH FLOOR 17TH FLOOR | | | | | DO NOT WRITE IN THIS SPACE | | | |
| MIAMI FL 33131 US US US | | | | • | 3. Date Incorporated or Qualifed | | | |
| 03 | 00 | | | | 05/13/1988 | | | Į. |
| 2. Principal Place of Business | 2a, Mailing Address | | | | 4. FEI Number | | A | pplied For |
| 21 | 26 | | | | NOT APPLICABLE | | , N | ot Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | | | | \$8.75 | Additional |
| 22 | 27 | | | | 5. Certifcate of Status Desired | L.J | Fee R | equired |
| City & State | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | 28 | | | | Trust Fund Contribution | | <u>Added</u> | to Fees |
| Zip Country | Zip | Country | у | | 8. This corporation owes the cur | rent year In | | |
| 25 | 29 | 30 | | | Personal Property Tax. | | ∐Yes | □No |
| 9. Name and Address of Currer | nt Registered Agent | | | | 10. Name and Address of New | Registered | Agent | |
| | | 81 | Name |) | | | *. * | |
| ALTMAN, S.H | | 82 | Stree | t Addres | ss (P.O. Box Number is Not Accept | table) | _ | |
| 100 SE 2ND ST | · | | | | | | | |
| 17 FLOOR | | 83 | 3 | | | | | } |
| MIAMI FL 33131 | | 84 | 4 City | | | | 85 Zip | Code |
| 11. Pursuant to the provisions of Sections 607.050 | | 1 | 1 | | | <u> </u> | - 1 1 ' | i i |
| agent I am familiar with and accept the obliga | ations of Section 607.0505, Flori | da Statute: | v me con | porauon | 's board of directors. I hereby acce | | | • |
| agent. I am familiar with, and accept the obligation of the obliga | ent and title if applicable. (NOTE: | Registered Age | s. | poradon | when reinstating) | DATE | | |
| agent. I am familiar with, and accept the obligation of the obliga | ent and title if applicable. (NOTE: | Registered Age | s. ent signature | poradon | S Board of directors. Thereby acce | DATE | ND DIRECT | ORS IN 12 |
| SIGNATURE Signature. typed or printed name of registered age 12. OFFICERS AN TITLE VD | ent and title if applicable. (NOTE: | Registered Age 13. 1.1 TITLE | s. ent signature | poradon | when reinstating) | DATE | | ORS IN 12 |
| agent. I am familiar with, and accept the obligation of the state of the obligation of the state of the obligation of th | ent and title if applicable. (NOTE: ND DIRECTORS DELETE | Registered Age 13. 1.1 TITLE 1.2 NAME | s. | required v | when reinstating) | DATE | ND DIRECT | ORS IN 12 |
| agent. I am familiar with, and accept the oblige SIGNATURE 12. OFFICERS AN TITLE VD NAME STRICKROOT, JOHN C. STREET ADDRESS 100 SE 2ND STREET 17TH FL | ent and title if applicable. (NOTE: ND DIRECTORS DELETE | Registered Age 13. 1.1 TITLE 12 NAME 1.3 STREE | S. ent signature | required v | when reinstating) | DATE | ND DIRECT | ORS IN 12 |
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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 of 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 an address, with all other like empowered.