Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90049 023 ***150.00

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 # K28910

1. Corporation Name

BILIMOF	HE WAY HULDINGS, INC.									
Principal Place	of Business	Mailing Address	•			1 10010)	11, 818,1 All	914 91911 GISII BI	*** #4### ## #
701 BRICKELL AVE., STE 850		701 BRICKELL AVE STE 850			}					
MIAMI FL 33131	l	MIAMI FL 33131					DO NOT WRITE I	N THIS S	SPACE	
						3. Date Incor	porated or Qualifed			
						07/20/1	988			
2. Principa Pl	ace of Business	2a. Mailing Address	***			4. FEI Numb			Apr	lied For
21		26				65-0078	204		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					of Status Desired]	\$8.75 A	
22		27								
City & State	9	City & State					ampaign Financing I Contribution]	\$5.00 h Added to	•
Zip	Courtry	Zip	Cou	intry		8. This corpo	ration owes the current	year nta		-
24	25	29	30			Persor al F	Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent				10. Name and	Address of New Regi	stered A	Agent	
SULLIVAN, JOHN 701 BRICKELL AVE., STE 850 MIAMI FL 33131				82 83		dress (P.O. Box Nu	mber is Not Acceptable		85 Zip C	
office care	to the provisions of S∈ctions 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	ct Florida. Such change was	autnorize	ועסנ	e-named cc r	poration submi s the	nis statement for the pur ctors. I hereby accept th	FL cose of c e aproin	changing its	egistered
SIGNATURE		////				red when reinstating)		DATE		
12.	Signature, typed or printed na ne of registered ager	II) DIRECTORS	13.	Ageni	t signature requi		S/CHANGES TO OFFICE		D DIRECTOR	S IN 12
TITLE	D OF FICE RS AN	DELETE	1.1 T	TLE		ADDITION.	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Change	Addition
NAME	SULLIVAN. JOHN		1,2 N	AME						
STREET ADDRESS	701 BRICKELL AVE., STE 850				ADDRESS					
CITY-ST-ZIP	MIAMI FL 33131		1.4 C	ITY-ST	r-ZIP					
TITLE	PTS	☐ DELETE	2.1 Ti	TLE					Change	☐ Addition
NAME	SULLIVAN, JOHN S		22 N	AME						
STREET ADDRESS	701 BRICKELL AVE., STE 850		2.3 S	2.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33131		2.40	TY-S	T-ZIP					
TITLE		☐ DELETE	3.1 T	TLE					Change	Addition
NAME			3.2 N	AME						
STREET ADDRESS			33S	TREET	ADDRESS					
CITY-ST-ZIP			34.0	ITY-S	T-ZIP					
TITLE		□ DELETE	41T	m.E					Change	☐ Addition

6.4 CITY-ST-ZIP CITY-ST-ZIP 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 attact ment with an address, with all other like empowered.

4 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

4 3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICE & OR DIRECTOR

SECRETARY

2-26-99

(305) 381-8340

Change

☐ Change

Addition

Addition

CR2E034 (11/98)