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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

<ol> <li>Corporation</li> </ol>	MENT # K34700 CRUSIN, INC.	6							10110 0111 1110 1111 1111 111			
Principal Place	e of Rusiness	Mailing Address				-			EBRIO BRII 010		Bil Aldıs Bil	(1) ( <b>11 ( 11 ( 1</b> )
7700 N KENDA		7700 N KENDALL DRIVE										
#204	FF Duive	#204										
MIAMI FL 33156 : MIAMI FL 33156						DO NOT WRITE IN THIS SPACE						
US	•	US					Incorporate /28/1988	ed or Qualifed	d			
2. Principal P	lace of Business .	2a. Mailing Address					Number				Applied F	or
21	•	26				65-	0119038				Not Appli	cable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				E Com	ifcate of Stat	tue Docirod	,□	\$8.7	5 Addition	nai
22		27				5. Cert	licate of Stat	ius Desired	,⊔ 	Fee	Required	<u> - ای تحمیا</u>
City & State	e	City & State		_	•	6. Elec	tion Campai	gn Financing		\$5.0	<b>0</b> мау В	Se
23		28				Trus	st Fund Cont	ribution			d to Feet	
Zip	Country	Zip	Cour	ntry		8. This	corporation	owes the cu	rrent year	Intangible		
24	25	29	30				sonal Proper			☐ Yes	□No	
	9. Name and Address of Curre					10. Nan	ne and Addi	ress of New	Registere	ed Agent		
				81	Name	, ,						
TAN	en, Jeffrey S.					(5.6.5			4-61-1			
2 S	BISCAYNE BLVD			82	Street Addre	ess (P.O. B	Box Number	IS NOT Accep	table)			
1 BI	SCAYNE TOWER, SUITE 3250		ŀ	83								
, MIAI	MI FL 33131											
*			Ī	84	City				F	85 Z	ip Code	{
11 Purcuant	to the provisions of Sections 607 05	502 and 607 1508. Florida Statut	es, the ab	ove-r	named corpo	oration sub	mits this stat	tement for th	e purpose	of changing	its registe	ered
11. Pursuant office or ragent. I a	m familiar with, and accept the oblig		na Statu	nes.				tement for th	e purpose ept the app	of changing pointment as	its registere	ered ed
agent. I a SIGNATURE	m familiar with, and accept the oblig	gations of, Section 607.0505, Fig.	na Statu	nes.	named corporation a corporation	d when reinstati			DATE			_
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered a	gations of, Section 607.0505, Fig	: Registered	Agent s		d when reinstati	ing)		DATE		TORS 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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR