## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

444 BRICKELL AVE

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K36774

1. Corporation Name

Principal Place of Business

444 BRICKELL AVENUE

BERLINEX CORPORATION

		STE 51-246			1	DO NOT WOLL	E IN THE SOACE		
MIAMI FL 33131	IAMI FL 33131					DO NOT WRITE IN THIS SPACE			
		US			,	ate Incorporated or Qualifed  0/05/1988			
2. Principal Pla	ace of Business .	2a. Mailing Address			4. Fi	El Number		Applied For	
21		26			6	5-0076881		Not Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				-	T T T T T T T T T T T T T T T T T T T	5 Additional Required	
22		27						<del></del> -	
City & State		City & State				lection Campaign Financing		<b>00</b> May Be	
23		28			Tr	rust Fund Contribution	Add	ed to Fees	
Zip	Country	Zip	Cou	ntry	8. Th	nis corporation owes the curre	nt year Intangible	_	
24	25	29	30			ersonal Property Tax.	_ <b>x</b> yes	□No	
	9. Name and Address of Curren	nt Registered Agent			10. N	ame and Address of New Re	egistered Agent		
		"-		81 Name					
IBC F	FIDUCIARY INC.			20 0	441 (0.0	Doublinsh - i- blet desember			
100 S E SECOND STREET-2315A				82 Street	Address (P.O	. Box Number is Not Acceptab	ле)		
	E 51-246			83	·	· · · · · · · · · · · · · · · · · · ·			
	FL 33131	•							
1417-141	11 12 33 13 1			84 City			85 2	Zip Code	
	o the provisions of Sections 607.050						FL   ° ′   .		
	- fill with and pagent the obliga	tions of Spetion 607 0505 E	lorida Stat	rtee	pration's boar	d of directors. I hereby accept	the appointment a	s registerea	
agent. I am	n familiar with, and accept the obligation	itions of, Section 607.0505, Fi	londa Stat	utes.	equired when reins	d of directors, 1 hereby accept	DATE	s registered	
agent. I am SIGNATURE	n familiar with, and accept the obligation of th	itions of, Section 607.0505, Fi	londa Stat	utes.	equired when reins	d of directors, 1 hereby accept	DATE DATE	CTORS 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

J. LeCompte

4/20/99

(305) 358-4441

Change

☐ Change

Addition

Addition

**FILED** 

May 04, 1999 8:00 am Secretary of State

05-04-1999 90039 028 \*\*\*158.75

CR2E034 (11/98)