PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED Aug 02, 1999 8:00 am Secretary of State

1	AL REPORT			ory of State CORPORATIONS		08-02-	1999 900)2 010 *	**550.00
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incipal Place	of Business	. Mailing A	Address						
SW 28TH T	TERRACE		28TH TERRACE				-		
) FLOOR MAI FL 33133		2ND FLOC Miama Fl			- [DO NOT WE	RITE IN THIS	SPACE	
(M) 1 E 00100		US		•		3. Date Incorporated or Qualific	x d		
						01/17/1989			
Principal Pl	ace of Business	<u> </u>	ng Address			4. FEI Number 59-2939769			plied For t Applicable
Suite, Apt. 1	# etc	26 Suite	Apt. #, etc.					\$8.75	
Stries, Apr. 7	w, etc.	27	4 > 40-11 M 0-12-1			5. Certificate of Status Desired		Fee Re	quired
City & State	<u> </u>		& State			6. Election Campaign Financing	· -	\$5.00	
		28	-	,		Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip		Gountry 30		This corporation owes the cu Intangible Personal Property		Yes [] No
	9. Name and Address of Cu	29 29 rrent Registered	Agent	(30(10. Name and Address of New		Agent	
				81 Name	0				-
	AN, NEAL S.			82 Stree	t Addres	s (P.O. Box Number is Not Accep	otable)		
	SW 28TH TERRACE FLOOR								
	FLOOR FL 33133		•	83					
MUM	II (£ 33103			84 City			FL	85 Zip	Code
GNATURE	to the provisions of sections 607, registered agent, or both, in the Sam familiar with, and accept the or Signature, typed or printed name of registers.			tes, the above named authorized by the collorida Statutes. NOTE: Registered Agent signs	í	tion submits this statement for the 's board of directors. I heraby acc ad when reinstating)	DATE		 .
IGNATURE	Signature, typed or printed name of registers OFFICERS		uble. (N	NOTE: Registered Agent signs 13.	í		DATE	D DIRECTO	RS IN 12
EIGNATURE .	Signature, typed or printed name of registeres OFFICERS	d agent and title if epplice	uble. (N	NOTE: Registered Agent signs 13. 1.1 TITLE	í	ed when reinstating)	DATE		 .
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IGNATURE Z. TLE ME REET ADDRESS	OFFICERS D LITMAN, NEAL S. 2900 SW 28TH TERRACE, 2	d agent and take if explice S AND DIRECTOR	nde. (A	NOTE: Registered Agent signs 13. 1.1 TITLE	sture require	ed when reinstating)	DATE	D DIRECTO	RS IN 12
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