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 # K76675

THE ARTH	IUR WEINER COMPAN	ΙΥ								
Principal Place	of Business	Mailing Address								
2450 MIAMI GARDENS DRIVE SUITE 104 NORTH MIAMI BEACH FL 33180		2450 Miami Gardens Drive Suite 104 North Miami Beach FL 33180				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 03/30/1989				
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number				
21		26				65-0110617				
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired				
City & State		City & State				6. Election Campaign Financing \$5.				
23		28				Trust Fund Contribution Ad				
Zip	Zip Country Zip			Country		8. This corporation owes the current year Intangible Personal Property Tax.				
Z4	urrent Registered Agent	30			10. Name and Address of New Registered Agent					
				81	Name					
	R, ARTHUR			82	Street	Address (P.O. Box Number is Not Acceptable)				
	n.e. 19th Place			1	Oli COL	, daloos (1 10 . Dox 110				
NORTI	H MIAMI BEACH FL 33179			83						
				84	City	Ft 85				
office or rea	distared agent or both in the S	7.0502 and 607.1508, Florida S State of Florida. Such change v obligations of, Section 607.0505	vas autno	onzea ov	ine corpi	corporation submits this statement for the purpose of changin oration's board of directors. I hereby accept the appointment a				
SIGNATURE _	Ilgnature, typed or printed name of register	and arount and title if applicable	(NOTE: Par	nistered Agen	t signature t	equired when reinstating) DATE				
		S AND DIRECTORS	(HOTE, RO	13.	. Lagraturo I	ADDITIONS/CHANGES TO OFFICERS AND DIRE				
12.	D	DELETE				Cha				
l mire						I				

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90026 019 ***150.00

Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

□No

NORTH MIAMI BEACH FL 33179		83					
		84	City			85 2	Zip Code
			'		FL	[]	·
office or r	to the provisions of Sections 607.0502 and 607.1508, Florida Statute egistered agent, or both, in the State of Florida. Such change was a m familiar with, and accept the obligations of, Section 607.0505, Flo	uthorized by	tne corporatio	pration submits this statement for the in's board of directors. I hereby acc	ne purpose of c ept the appoin	hanging Iment a	its registered s registered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE	: Registered Age	nt signature required	3 when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO C	OFFICERS AND		
TITLE	D DELETE	1.1 TITLE				☐ Char	nge 🗌 Additi
NAME	WEINER, ARTHUR	1.2 NAME					
STREET ADDRESS	20222 NE 19TH PLACE	1.3 STREE	TADDRESS				
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-5	ST-ZIP				10.70
TITLE	DELETE	2.1 TITLE				Char	nge 🗌 Addit
NAME		2.2 NAME					
STREET ADDRESS		2.3 STREE	T ADDRESS				
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TITLE	DELETE	3.1 TITLE				☐ Char	nge 🔲 Addit
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREE	TADDRESS				
CITY-ST-ZIP		3.4. CITY-	ST-ZIP	-			
TITLE	DELETE	4.1 TITLE				Char	nge 🗌 Addit
NAME -		4. 2 NAME					
STREET ADDRESS	·	4.3 STREE	T ADDRESS		•		-
CITY-ST-ZIP		4.4 CITY-	ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE				Chai	nge ☐ Addit
NAME		5.2 NAME					,
STREET ADDRESS		5.3 STREE	ET ADDRESS				
CITY-ST-ZIP		5.4 CITY-	ST-ZIP				
TITLE	DELETÉ	6.1 TITLE				Char	nge 🗌 Addit
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREE	ET ADDRESS				
CITY-ST-ZIP		6.4 CITY-					
14. I hereby	certify that the information supplied with this filing does not qualify fo	r the exemp	tion stated in S	Section 119.07(3)(i), Florida Statute	s. I further cert	ify that t	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 it made under oath; that I am ar 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. indicated on this annual report or supplemental annual report is true and

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR