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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



K91350

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State

05-10-1999 90011 011 ***150.00

GARCIA/	Brenner & Stromber	G, INC.					
Principal Place of Business Mailing Address						#181 BIBIT	1911 BIBI(1881
%ERIC A. SIMON 751 PARK OF COMMERCE DR. SUTIE 118 BOCA RATON FL 33487 **ERIC A. SIMON 751 PARK OF COMMERCE DR. SUTIE 118 BOCA RATON FL 33487			DR. SUTIE 118		DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed		
	<u></u>				05/30/1989		_
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		plied For
21 26					65-0126660		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Rec	
City & State City & State			~~		6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	•	8. This corporation owes the current year		l
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Curr	ent Registered Agent		T	10. Name and Address of New Registers	a Agent	_
CINAC	ON EDIC A		81	Name			
SIMON, ERIC A 1500 NW 49TH ST #401			82	Street Add	treet Address (P.O. Box Number is Not Acceptable)		
			-	_			_
FI. ì	LAUDERDALE FL 33309		83				1
·			84 City		F	85 Zip C	Code
agent. I a	m familiar with, and accept the oblinging mature, typed or printed name of registered	gations of, Section 607.0505, Florid agent and title if applicable. (NOTE: F	Da Statutes	_	tion's board of directors. I hereby accept the application of directors and the second of directors and the second of directors. I hereby accept the application's board of directors. I hereby accept the application of the application		
12.	OFFICERS AND DIRECTORS Delete		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	<u> </u>		1.2 NAME				
NAME.	GARCIA, JORGE H			T A DODE OC			
STREET ADDRESS	1098 SW 12TH ST		1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CITY-S 2.1 TITLE	1-219		Change	Addition
TITLE	D ODENNED OTHER	- Detere	2.1 MLE 2.2 NAME				
NAME	BRENNER, STUART M		1	TADDRESS			
STREET ADDRESS	. OEOT HIT OOTH OTHER		2.4 CITY-5				
CITY-ST-ZIP TITLE	DOGN TONION TE		3.1 TITLE	31-ZIF		Change	Addition
NAME			3.2 NAME			· •	}
· ·			1	T ADDRESS			Í
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-5	1			
TITLE			4.1 TITLE			☐ Change	☐ Addition
NAME	4.21		4. 2 NAME				
STREET ADDRESS			•	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S				
TITLE			5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS	·		5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			

6.4 CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561. 241.673Co