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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # I 02910

 Corporation 	Name LOZO I O						
KREISS	FLORIDA INC.						
MILIOU;	1 EOMBA MO				1 18001001 011 01110 1110 1110 1110	A color de la c	1811 81211 81811 1881
		•					<u> </u>
Principal Place	e of Business	Mailing Address					FATI BIBLE AFASI CAN
1855 GRIFFIN ROAD 8525 CAMINO SANTA FE							
DANIA FL 33004 SAN DIEGO CA 92121					DO NOT WOITE IN THE OBACE		
US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	I	
					07/19/1989		
— '-	ace of Business	2a. Mailing Address			4. FEI Number	\vdash	Applied For
21 23 <i>0</i> 0		26			95-4236851		Not Applicable
Suite, Apt.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		75 Additional e Required
22		City 9 State			C 51 III Oi Financia-		
City & State	_	City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
23 C <i>ORAL</i> Zip	Country Country	Zip	Country	· · · · · · · · · · · · · · · · · · ·	8. This corporation owes the cur	**	
24 25 29 30			_ ´		Personal Property Tax.	Yes	□No
24	9. Name and Address of Current	<u> </u>			10. Name and Address of New	Registered Agent	
- Name and Address of Control of Section 1				Name			
KREISS, MICHAEL 15711 FISHER ISLAND DRIVE, #15711D			82	Street Ade	dress (P.O. Box Number is Not Accep	table)	
			o Sr oz	Street Aut	iress (F.O. Box Number is Not Accep		
FISH	ER ISLAND FL 33109-CORA	L GABLES, FL	83			•	
		•	84	City		85	Zip Code
			04	City		FL °°	2.p 0000
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above	e-named cor	poration submits this statement for the	purpose of changin	g its registered
office or r	egistered agent, or both, in the State of manifer with, and accept the obligations.	f Florida. Such change was aut	thorized by	tne corporat	tion's board of directors. I hereby acce	pt the appointment a	s registered
_	itt fallfillat with, and accept the congati	5110 01, GC011011 001:0000, 1 101A					Į
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agei	nt signature requir	red when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO O		
TITLE	PD DELETE		1.1 TITLE			☐ Cha	nge
NAME	KREISS, MICHAEL		1.2 NAME	ļ			
STREET ADDRESS	1855 GRIFFIN ROAD 2300	SALZEDO ST	1.3 STREE	T ADDRESS			
CITY-ST-ZIP	BANIA FL CORAL G	ABLES FL	1.4 CITY+S	T-ZIP			
TITLE	SD	DELETE	2.1 TITLE			☐ Cha	nge
NAME	KREISS, NORMAN		2.2 NAME	1			
STREET ADDRESS	-1855 GRIFFIN ROAD 2300	SACZEDO ST	2.3 STREE	TADDRESS			ļ
CITY-ST-ZIP	DANIA FL CORAL GA	BLES, FL	2.4 CITY-5	ST-ZIP			
TITLE	DELETE 3.		3.1 TITLE			☐ Cha	nge 🗀 Addition
NAME			3.2 NAME				ļ
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP			D Addition
TITLE		☐ DELETE	4.1 TITLE			☐ Cha	inge
NAME			4. 2 NAME				ł
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			ange Addition
TITLE		☐ DELETE	5.1 TITLE			☐ Cha	.nge Addition
NAME			5.2 NAME				
STREET ADDRESS			1	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			inge Addition
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	nge Li Addition
NAME	!		6.2 NAME	1	•		ļ

6.4 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS