FILED May 10, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris Secretary of State

FLORIDA DEPARTMENT OF STATE.

DIVISION OF CORPORATIONS

DOCUMENT # L51560 1. Corporation Name

PLETHORA, I	NC
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Principal	Place	٥f	Rusiness

Mailing Address

2601 BISCAYNE BLVD. MIAMI FL 33137

2601 BISCAYNE BLVD.



MIAMI FL 33137	MINIMI I E GOIST			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed			
					02/13/1990			}
2. Principal Pl	ace of Business	2a. Mailing Address	.		4. FEI Number		Apr	olied For
21		26			65-0179740		Not	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8	3.75 A	dditional
22		27			5. Certifcate of Status Desired		Fee Red	quired
City & State	e	City & State			6. Election Campaign Financing	\$	5.00	May Be
23		28			Trust Fund Contribution	•	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current ye	ar Intangibl	e	
24	25	29	30		Personal Property Tax.	□ Ye		□No
24	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Regist	ered Agen	t	
			81	Name				
ROD	RIGUEZ, ANTONIO		_		in the state of th			
	BISCAYNE BLVD.		82	Street Add	dress (P.O. Box Number is Not Acceptable)			
	AI FL 33137		83	1				
		•	**					
			84	City		F. 85	Zip C	ode
						FL °°	<u> </u>	
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statutes	s, the abov	e-named cor	rporation submits this statement for the purpo tion's board of directors. I hereby accept the	se or charg appointmen	jing its i it as rec	istered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statutes	S.	don's board of direction of the board of the			
SIGNATURE	·							
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: F	Registered Age	int signature requi	ired when reinstating) DA			
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER			
TITLE	DP	☐ DELETE	1.1 TITLE			[_] C	Change	☐ Addition
NAME	MILLER, ROGER		1.2 NAME					
STREET ADDRESS	2601 BISCAYNE BLVD.		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-5	ST-ZIP				
TITLE	DST	☐ DELETE	2,1 TITLE				Change	☐ Addition
NAME	GOLDSTEIN, MICHELLE		2.2 NAME					
STREET ADDRESS	2601 BISCAYNE BLVD		2.3 STREE	T ADDRESS				,
	MIAMI FL		2. 4 CITY-					
CITY-ST-ZIP TITLE	MIAMI FL	☐ DELETE	31 TITLE	31-211			Change	Addition
			3.2 NAME					
NAME				1				
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE	ST-ZIP			Change	Addition
TITLE		Decen					,	
NAME			4. 2 NAME	1				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			25	- Addition
TITLE		☐ DELETE	5.1 TITLE			П	Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-3	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			62 NAME					
STREET ADDRESS			6.3 STREE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY-S	ST-ZIP				
GILLI-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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: AKMATURE AND TYPED OR PRINTED NAME OF SIGN