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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # L58079



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State DIVISION OF CORPORATIONS

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90024 026 ***150.00

| FUUU MAHKEI, INC. | | | | | | |
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| of Business | Mailing Address | | | | 211 41411 1341 | |
| ne island road 351-6045 | 4399 NORTH PINE ISLAND ROA SUNRISE FL 33351-6045 | AD | | | | |
| | | | DO NOT WRITE IN TH | IS SPACE | | 1 |
| | | | 3. Date Incorporated or Qualifed 03/19/1990 | | | |
| lace of Business | 2a. Mailing Address | | 4. FEI Number | App | olied For | |
| | 26 | | 65-01837 <u>65</u> | | | |
| #, etc. | Suite, Apt. #, etc. | | 5 Certificate of Status Desired | ¥ - | | 1 |
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| e · | ⊢ ′ | | 6. Election Campaign Financing | • | • | |
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| 9. Name and Address of Current | radistelan Wallu | 81 Name | 10. Halife Blid Address of New Registers | | | |
| ATOF, JACK | | | | | | |
| | | 82 Street Ad | Idress (P.O. Box Number is Not Acceptable) | | | |
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| egistered agent, or both, in the State of m familiar with, and accept the obligation | Florida. Such change was authons of, Section 607.0505, Florida | onzed by the corpora Statutes. | ation's board of directors. I nereby accept the app | ointment as reg | istered | |
| | · · · · · · · · · · · · · · · · · · · | | | AND DIRECTO | RS IN 12 | 3 |
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| | NE ISLAND ROAD 351-6045 lace of Business #, etc. Country 25 9. Name and Address of Current F ATOF, JACK NW 88 AVENUE RISE FL to the provisions of Sections, 607,0502 is egistered agent, or both, in the State of m familiar with, and accept the obligatio Signature, typed or printed name of registered agent a | ATOF, JACK NW 88 AVENUE RISE FL To the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was auther familiar with, and accept the obligations of, Section 607.0505, Florida Signature, typed or printed name of registered agent and bitle if applicable. (NOTE: Res | ATOF, JACK NW 88 AVENUE RISE FL ATOF, JACK NW 88 AVENUE RISE FL RISE | Malling Address ME ISLAND ROAD 351-6045 ME ISLAND ROAD 351-6045 ME ISLAND ROAD 351-6045 DO NOT WRITE IN TH 3. Date Incorporated or Qualified 03/19/1990 A FEI Number 65-0183765 #, etc. Suite, Apt. #, etc. City & State 28 City & State 29 30 Country 25 9. Name and Address of Current Registered Agent ATOF, JACK NW 88 AVENUE RISE FL 83 Street Address (P.O. Box Number is Not Acceptable) RISE FL 84 City Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered signature required when reinstating) DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS | Mailling Address NE ISLAND ROAD 351-6045 SURRISE FL 33351-6045 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/19/1990 Jace of Business 2a. Mailing Address 2b. Mot 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 7. Fee Ref 8. This corporation owas the current year Intaquible 2a. Country 2b. Date 7. Country 8. This corporation owas the current year Intaquible Personal Property Tax. 9. Name and Address of Current Registered Agent ATOF, JACK NW 88 AVENUE RISE FL 83 AUCITY 84 Street Address (P.O. Box Number is Not Acceptable) RISE FL 83 AUCITY 85 Street Address (P.O. Box Number is Not Acceptable) RISE FL 85 Signature, bysed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | Applied For Not Applicable Surface of Business 2a, Mailing Address 2b 3351 4045 2c 3. Date Incorporated or Qualifed 33/19/1990 3. Date Incorporated or Qualifed 33/19/1990 3. Date Incorporated or Qualifed 33/19/1990 3. FEI Number Applied For Not Applicable 55-0183765 Sample 55-00 May Be 28 Country Zip Country Zip Country Sample 55-00 May Be 28 Country Sample 55-00 May Be 28 Sample 55-00 May Be 55-00 May |

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.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIDECTOR