Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90003 050 \*\*\*150.00

## 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 #** L72617 1. Corporation Name

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

2. Principal Place of Business 2a. Mailing Address 2b. P.O. Box 565799 2c. Principal Place of Business 2c. Principal Place of Business 2c. Principal Place of Business 2c. Applied For 65-0202808  Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2c. City & State 2c. City & State 2c. Mailing Address 2d. Mailing Address 2d. Mailing Address 2d. FEI Number 65-0202808  Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2d. City & State 2d. FEI Number 65-0202808  Suite, Apt. #, etc. 2d. Suite, Apt. #, etc. 2	Principal Place P.O. BOX 5659 MIAMI FL 33254 US	9	Mailing Address P.O. BOX 56599 MIAMI FL 33256-174	6		DO NOT WRITE II  3. Date Incorporated or Qualifed  05/14/1990	N THIS SPACE		
Suite, Apt. #, etc.  City & State  City & State  Company Financing Status Desired Status	2 Principal Pl	lace of Rusiness	2a. Mailing Address			4. FEI Number	And	olied For	
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Status Desired   \$8.75 Additional Fee Required   Fee Required   Status Desired   Status	<u> </u>		26 00	BOX 51	65999				
City & State  Country  Represent Contribution  Country  Represent Country  Rep			<del></del> _	<del></del>			\$8.75 A		
City & State    Country	22	,, 5.51	—			5. Certifcate of Status Desired			
Zip		e .				6. Flection Campaign Financing	\$5.00	May Re	
Zip   Country   Zip   Zip   Sip   Sip   Zip	23 M 1A	n, FL.	28 M/AM/	FL.		1			
9. Name and Address of Current Registered Agent  COHEN, RICK 9501 SW 94 CT. MIAMI 33176  82 Street Address (P.O. Box Number is Not Acceptable)  83   Sal   S	Zip	Country				8. This corporation owes the current	ear Intangible		
COHEN, RICK 9501 SW 94 CT. MIAMI 33176  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the corporation's board of directors. I hereby accept the appointment as registered agent, or both and the displaced was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both and the displaced was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both and the displaced was authorized by the corpo	24 33256	579925 USA	29 33256-57	99 30	U5 /9	Personal Property Tax.	Yes	□No _	
COHEN, RICK 9501 SW 94 CT. MIAMI 33176  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84 City   FL   85   Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and familiar with and accept the obligations of, Section 607.0505, Findate Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE    12.			nt Registered Agent			10. Name and Address of New Regi	stered Agent		
9501 SW 94 CT. MIAMI 33176  83  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Sections 607.0505, Florida Statutes.  SIGNATURE  Signature. Syed or printed name of registered agent and site if applicable.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP  OCHEN, RICHARD  12. NAME  COHEN, RICHARD  12. NAME  COHEN, RICHARD  13. STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  OCHEN  OCHE	СОН	EN, RICK				(BOD 11)			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature   typed or printed name of implistered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating)    12.					82 Street Add	Iress (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    The content of the provisions of Section 607.0505, Florida Statutes.    The content of the provisions of Section 607.0505, Florida Statutes.	MIAMI 33176				83				
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent all am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if epplicable.		grand and the second	_		84 City		FL 85 Zip C	ode	
Signature. Speed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DP  COHEN, RICHARD  1.1 TITLE  COHEN, RICHARD  9501 SW 94 CT.  MIAMI FL  DELETE  1.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DELETE  2.1 TITLE  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  Change  Addition  Addition  Addition  TITLE  Change  Addition  Addition  Addition  Change  Addition  Addition	office or re	egistered agent, or both, in the State	of Florida. Such change	was authorize	d by the corporat	poration submits this statement for the purp ion's board of directors. I hereby accept the	lose of changing its appointment as rec	registered jistered	
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Clarative hand as eviated name of an interest age	nt and title if applicable	/NOTE: Decistore	d Agent cignet Te requir	and when reinstation)	)ATE	}	
TITLE	12					,		RS IN 12	
NAME   COHEN, RICHARD   1.2 NAME   1.3 STREET ADDRESS   9501 SW 94 CT.   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	<del></del>			ETE 1.1 T	ITLE				
STREET ADDRESS   9501 SW 94 CT.		•	_	1.2 N	AME				
CITY-ST-ZIP         MIAMI FL         1.4 CITY-ST-ZIP           TITLE         DELETE         2.1 TITLE         Change Addition           NAME         22 NAME         STREET ADDRESS         CITY-ST-ZIP         2.4 CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change Addition           NAME         32 NAME         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP         Change Addition           TITLE         DELETE         3.3 STREET ADDRESS         CITY-ST-ZIP         Change Addition           CITY-ST-ZIP         CHANGE         CHANGE         Addition				138	TREET ADDRESS				
TITLE         DELETE         2.1 TITLE         Change         Addition           NAME         22 NAME              STREET ADDRESS         2.3 STREET ADDRESS              CITY-ST-ZIP         DELETE         3.1 TITLE         Change         Addition           NAME         32 NAME              STREET ADDRESS                 CITY-ST-ZIP   <									
NAME		MICHALLE	□ DELI				☐ Change	Addition	
2.3 STREET ADDRESS   2.4 CITY-ST-ZIP   2.4 CITY-ST-ZIP   Change   Addition	l			L				_	
CITY-ST-ZIP         2.4 CITY-ST-ZIP           TITLE         DELETE         3.1 TITLE         Change         Addition           NAME         32 NAME         . <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
TITLE         DELETE         3.1 TITLE         Change         Addition           NAME         3.2 NAME              STREET ADDRESS                CITY-ST-ZIP									
NAME   3.2 NAME	<del> </del>		□ DELI				☐ Change	Addition	
STREET ADDRESS			_ DE-	1					
CITY-ST-ZIP         3.4. CITY-ST-ZIP           TITLE         1.1 TITLE           Change         Addition				1		•		1	
TITLE Change Addition					į į				
			[] UEII				[ ] Change	- ∏ Addition	
								<b>—</b> ::	

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 op an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CFTY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

SIGNATURE

☐ Change

☐ Change

☐ Addition

Addition

CRZE034.(11/98)