FILED Apr 16, 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



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

T. Corporation	WIEN 1 # MO5294 SS CENTER H. MASO, INC								
Principal Place of Business Mailing Address						- I (BBILBAIT III; BBIA) DIVID	INDIA SALIS ALAS ASAS	01813 81841 81911 <b>9</b> 1	(BI) \$1011 1001
2065 N.E. 121 ROAD 2065 N.E. 121 ROAD MIAMI FL 33181 MIAMI FL 33181							e worte in the	0.004.05	
							T WRITE IN THIS	S SPACE	<del></del>
						<ol> <li>Date Incorporated or Qu 09/18/1984</li> </ol>	alifed		
2. Principal Pl	ace of Business	2a. Mailin	g Address			4. FEI Number		Apr	plied For
21		26				<u>59-2451979</u>	<u></u> -		t Applicable
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.			5. Certificate of Status Des	ired 🔲	\$8.75 A	
22					-		<u> </u>	Fee Red	<del>` `                                  </del>
City & State	9	City &	State			<ol><li>Election Campaign Fina Trust Fund Contribution</li></ol>	ncing	\$5.00 f Added to	
Zip	Country Zip  25 29 30			Coun	try 8. This corporation owes the current year Intangible Personal Property Tax.			ENo	
	9. Name and Address of Curre			1		10. Name and Address of	New Registered		
			¥. <del></del>	1	Name				
MASO, HEIDI					32 Street Add	Iress (P.O. Box Number is Not A	cceptable)		
2065 N.E. 121 ROAD									
MIAMI FL 33181				1	33				
				Ī	34 City		FI	85 Zip C	Code
office or re agent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State on familiar with, and accept the obligation of the control of th	of Florida. Such ations of, Section	n change was au n 607.0505, Flori	thonized da Statut	es.	poration submits this statement ion's board of directors. I hereby	or the purpose of accept the appoint	of changing its opintment as reg	registered gistered
12.		ND DIRECTORS	<u> </u>	13.	gotic arginotorio rodan	ADDITIONS/CHANGES	O OFFICERS A	ND DIRECTO	RS IN 12
TITLE			1.1 TITL	E	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition	
NAME	17.22		1.2 NAM	E					
STREET ADDRESS			1.3 STR	EET ADDRESS					
CITY-ST-ZIP				'-ST-ZIP				ļ	
TITLE			2.1 TITL		***		☐ Change	Addition	
NAME	RAYMANN, PIA			2.2 NAM	E				
STREET ADDRESS	2065 NE 121 ROAD			2.3 STR	EET ADDRESS				- [
CITY-ST-ZIP	MIAMI FL.	د سده		2.4 CIT	Y-ST-ZIP		. <u></u>		
TITLE			☐ DELETE	3.1 TITL	E			Change	☐ Addition
NAME				3.2 NAN	E				
STREET ADDRESS				3.3 STR	EET ADDRESS				
CITY-ST-ZIP				3.4. CIT	Y-ST-ZIP				
TITLE	1		☐ DELETÉ	4.1 TITL	E			Change	Addition
NAME				4. 2 NA	AE				
STREET ADDRESS				4.3 STR	EET ADDRESS	•			
CITY-ST-ZIP				4.4 CIT	-ST-ZIP				
TITLE			☐ DELETE	5.1 TITL	<b>I</b>			☐ Change	☐ Addition
NAME				5.2 NAN					
STREET ADDRESS					EET ADDRESS				
CITY-ST-ZIP					'-ST-ZiP			- Change	Addition
TITLE			☐ DELETE	6.1 TITL				☐ Change	
NAME .				6.2 NAN					
STDEET ADDRESS				0.3 S IR	EET ADDRESS				

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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, prior an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

REGUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR