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

CORPORATION ANNUAL REPORT

1999



Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 21, 1999 8:00 am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE **Katherine Harris**

04-21-1999 90175 041 ***158.75

1. Corporation	MEN I # M36545 ATIONAL MODELS, INC						
Principal Place	Mailing Address				- F INNIRBIS IND SITTE MISMI BISIT PIRMS MIST MENST MINT ALBUT ALBUT MINT I	•••	
1		8415 CORAL WAY	-				
8415 CORAL WAY 8415 CORAL WAY SUITE 205						í	
MIAMI FL 33155 MIAMI FL 33155			,			DO NOT WRITE IN THIS SPACE	
US		US				3. Date Incorporated or Qualifed	
	,					08/08/1986	{
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
—	26					59-2714374 Not Applica	
Suite, Apt.	# oto		Suite, Apt, #, etc.			\$8.75 Additiona	
	#, etc.	⊢ ''''	¬ ` ' ' '			5. Certificate of Status Desired Fee Required	. 1
City & Stat		City & State				6. Election Campaign Financing \$5.00 May Be	\neg
City & State	♥ Talijan istorija Parkani in kolonija	⊢	-	1.		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	İ
23	Country	28				This corporation owes the current year Intangible	\neg
Zip			30			Personal Property Tax.	
24	25 Current		<u>ار</u>	10. Name and Address of New Registered Agent			
	9. Name and Address of Current	registered Agent	81	Name		10. Hallie alle Contess di 1463 noglatores Agont	\dashv
D/D	TALES, TERESA		"	''			
	CORAL WAY		82	Street /	Addre	ess (P.O. Box Number is Not Acceptable)	
	E 205		ļ	L			-
			83			•	ļ
MIAN	MI FL 33155		84	City		85 Zip Code	\dashv
}				′		FL 1	ſ
SICMATURE	\ <i>(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</i>	and title if applicable. (NOTE: Re				pration submits this statement for the purpose of changing its registered in a board of directors. I hereby accept the appointment as registered the appointment as registered the appointment as registered to the appointment as regi	2
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STREET ADDRESS	8415 CORAL WAY #205		1.3 STREET ADDRESS		3	8810 5W 19 St	\
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CITY-ST-ZIP	l		■ 0.7 OH 1 ° 2		Щ.		

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.

SIGNATURE:>

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #