

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

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90002 037 \*\*\*150.00

0189309

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M36629

1. Corporation Name

THE CRISTALLINA GROUP, INC.

Principal Place of Business

1140 BRICKELL AVE.  
STE. #430  
MIAMI FL 33131  
US

Mailing Address

1140 BRICKELL AVE.  
STE. #430  
MIAMI FL 33131  
US

2. Principal Place of Business

21 4128 PAMONA AVE  
Suite, Apt. #, etc.

22

City & State

23 MIAMI, FLA

Zip

24 33133

Country

25 USA

2a. Mailing Address

26 4128 PAMONA AVE  
Suite, Apt. #, etc.

27

City & State

28 MIAMI, FLA

Zip

29 33133

Country

30 USA

9. Name and Address of Current Registered Agent

WEISS, GARY  
1110 BRICKELL AVE.  
STE. #430  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1986

4. FEI Number

59-2724637

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒

Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 4128 PAMONA AVE

84

City

MIAMI, FL

85

Zip Code

33133

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

GARY H. WEISS, PRES.

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME WEISS, GARY

STREET ADDRESS 1110 BRICKELL AVE. STE. #430

CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME WEISS, GARY

1.3 STREET ADDRESS 4128 PAMONA AVE

1.4 CITY-ST-ZIP MIAMI FL 33133

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/5/95

Daytime Phone # (305) 527-3443

CR2E034 (11/98)