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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # M36794

1. Corporation	IE EXPOS, INC.					4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Principal Place	e of Business	Mailing Address			{.		Eli Afêli Isal
22094 SERENETARIR BOCA RATON FL 33433 US		P.O. BOX 2149 BOCA RATON FL 33427 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					08/14/1986 4. FEI Number		oplied For
<u> </u>	lace of Business	2a. Mailing Address			5 9- 2714019	⊢	ot Applicable
21 Suite, Apt.	#7245 THE PARTY OF	26 Suite-Apt-#; etc.		7 - C			Additional ~==
22	, old.	27			5. Certifcate of Status Desired	Fee R	equired
City & Stat	re -	City & State			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country 25	Zip 29 30	Country		This corporation owes the current year in Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	1531			10. Name and Address of New Registered	Agent	
HAYNIE, BARBARA A. 22094 SERENETA CIR BOCA RATON FL 33433			81 82 83 84	Street Add	ress (P.O. Box Number is Not Acceptable)	85 Zip	Code
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obligations of the state of the stat	lighs of, Section 607.0305, Fiolida	a Statutes.		orration submits this statement for the purpose of on's board of directors. I hereby accept the appo	199	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12 ☐ Addition
TITLE	DP .	☐ DELETE	1.1 TITLE			☐ Change	∐ A00iaon
NAME	HAYNIE, BARBARA		1.2 NAME				
STREET ADDRESS		ı	1.3 STREET	,			
CITY-ST-ZIP	BOCA RATON FL 33433	DELETE	1.4 CITY-ST	-ZIP		Change	Addition
TITLE	HAYNIE, MONA		2.1 TITLE 2.2 NAME			,	
NAME STREET ADDRESS		والمنافعين ومرجان الأحالي الأرابات	2.3 STREET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433		2. 4 CITY-ST	Į.			
TITLE	S	☐ DELETE	3.1 TITLE			Change	Addition
NAME	HAYNIE, KEVIN N.		3.2 NAME				
STREET ADDRESS	AARAA AERENIATA OIR		3.3 STREET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33433		3.4. CITY-ST	r-ZIP			
TTILE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST	-ZIP		☐ Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	f		- Change	☐ Modition
NAME			5.3 STREET	ADDRESS			
STREET ADDRESS			5.4 CITY-ST				

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.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

NAME THE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

rbora Hounia 3/22/99

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90045 042 ***150.00

561-391-329

☐ Addition

Daytime Phone #

☐ Change