PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathe ine Harris

Secret try of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90168 036 ***150.00

1. Corporation	MENT # M56168 95, INC.						
Principal Place of Business Mailing Address					F I M D I DOTE I DITE DITE I ISBUS ALISAN I DILE	249/1 WIWIA WIWII W	TOTA DIĞIL OLQUŞ ŞOBŞ
% ERNEST IA		% ERNEST M HALPRYN					
1428 BRICKELL		1428 BRICKELL. STE. 105				TI 110 0040-	
MIAMI FL 33131		MIAMI FL 33131			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
US		US			07/24/1987		
2 Drienian D	lace of Business	2a. Mailing Address			4. FEI Number		Apr lied For
2. Principal Pi	lace of Dusiness	2a. Mailing Address			59-2832649	-	Not Applicable
Suite. Apt. #. etc.		Suite, Apt. #, etc.				\$8.7	5 Additional
22		27			5. Certifc ate of Status Desired		e Recuired
City & State		City & State			6. Election Campaign Financing	 \$5.	00 May Be
23		28			Trust Fund Contribution	Add	led to Fees
Zip	Courtry				8. This or rporation owes the current ye		ا ا
24	25	29	30		Persor al Property Tax.	Yes	I]No
	9. Name and Address of Current	Registered Agent	81	None	10. Name and Address of New Regist	ered Agent	
HVII	PRYN ERNEST M		[81]	Name			
		82	Street Acd	fress (P.O. Box Number is Not Acceptable)			
	BRICKELL AVE STE 105 MI FL 33131						
••••	1 2 0010 .		83				
			84	City		FL 85	Zip Code
office cr r	to the provisions of Sections 607,0502 registered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agent	of Florida. Such change was a consideration of, Section 607.0505, Fig.	iuthorized by orida Statutes	the corporati	poration submits this statement for the purpoion's board of cirectors. I hereby accept the accept the set when reinstating)	TE	s reg stered
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	STD	☐ DELETE	1.1 TITLE			☐ Cha	nge
NAME	LABIANCA, PHILIP		1.2 NAME				
STREET ADDRE 3S	1120 0, 110 112 1 112 1 113		13 STREET	T ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP			nge Addition
TITLE	VPD	☐ DELETE	2.1 TITLE			[] Спа	nge 🗀 Addition
NAME	DE VECCHI, JOHN		2.2 NAME				Į.
STREET ADDRESS	The Bytte (172) and 144		1	TADDRESS			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-S	ST-ZIP		Cha	nge
TITLE	AS WEIGHERS ALAM IAV		3.1 TITLE 3.2 NAME				•
NAME	WEISBERG, ALAN JAY 1428 BRICKELL #105		•	T ADDRESS			\
STREET ADDRESS	MIAMI FL		3.4. CITY-S				
TITLE	PD PD	☐ DELETE	4.1 TITLE	71-ZIF		Cha	nge Addition
NAME	HALPRYN, ERNEST M.		4 2 NAME				1
STREET ADDRESS	1444 BOIONELL ALE OTT 445			TADDRESS			\ \
CITY-ST-ZIP	MIAMI FL		4.4 CITY-S	i			
TITLE		☐ DELETE	5.1 TITLE			☐ Cha	nge
NAME			5.2 NAME				ļ
STREET ADDRESS			5.3 STREET	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T- ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Cha	nge
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			Ì

64 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 a nnual 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 corporal oner 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 changes of the corporal oner the receiver of the corporal oner the receiv CITY-ST-ZIP

SIGNATURE:

ERNEST M HALPRYN

APRIL 14, 1999

305 371-4112