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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 21, 1999 8:00am

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

	1999		Secretary of State DIVISION OF CORPORATIONS		TIONS	Secretary of State				
1. Corporatio	MENT # ME S. HOLTZ, C.P.A.,				1.		01-21-1999 90	)065 019 <b>*</b> *	**150.00	)
ENOTHE	0. 110212, 01.14					1				
Principal Plac	e of Business	A	Mailing Address			<b>⊣</b> '	imminest not signs inden gibés fi	INDE COLO DIDEL DIDIC	ECON CIPE D	ION DIGIT 1001
1 S.E. THIRD	AVE	1	S.E. THIRD AVE		*					•
TENTH FL			TENTH FLOOR				DO NOT WO	TE IN TINO OF	or	
MIAMI FL 3313 US	11		<b>IAMI FL 33</b> 131 S -			3 Date II	ncorporated or Qualifed	TE IN THIS SP	ACE	
			•				7/1987			
2. Principal P	Place of Business	26	. Mailing Address			4. FEI No			Apr	plied For
21		26				65-00	)16934			t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5, Certifo	ate of Status Desired		\$8.75 A	
22 City & Ctat	<u>.</u>	27	City & State						Fee Rec	<u> </u>
City & Stat	le .	28	City & State				on Campaign Financing Fund Contribution		\$5.00 to Added to	
Zip	Country		Zip	Countr	у		orporation owes the curr	ent vear Intand		
24	25	29		30		Persor	nal Property Tax.		Yes	□No
	9. Name and Addres		stered Agent		.1	10. Name	and Address of New F	Registered Ag	ent	
HOD	RNIK, PETER F.			8	1 Name		Carlo			
	E. THIRD AVE			8:	2 Street Add	ress (P.O. Bo)	Number is Not Accepta	able)		
	TH FLOOR	.`		8:	3		<del> </del>		12 to 12 to 1	2.5
MIAMI FL 33131									44 11 1	<u> 4 16 3.</u>
1				84	4 City			FI	85 Zip C	öde
11. Pursuant	to the provisions of Secti	ons 607.0502 and	307.1508, Florida Statute	s, the abo	ve-named corp	poration submi	ts this statement for the	purpose of cha	anging its	registered
office or r	registered agent, or both, im familiar with, and acce	in the State of Flor	da. Such change was au	thorized by	y the corporati	on's board of	directors. I hereby accep	of the appointm	ent as reg	jistered
SIGNATURE			2 ""							
	Signature, typed or printed name				ent signature require	ed when reinstating)		DATE		
12	, · · · · · · · · · · · · · · · · · · ·	FICERS AND DIR	ECTORS DELETE	13.	<del></del>		ONS/CHANGES TO OF		DIRECTOR	RS IN 12
TITLE NAME	D Holtz, Laurie S.			1.2 NAME		•		_	_ Gridinge	
STREET ADDRESS		TENTH FLOOR		1	ET ADDRESS					
CITY-ST-ZIP	MIAMI FL	12,4111 1 20011	•	1.4 CITY-						
TITLE			☐ DELETE	2.1 TITLE					Change	Addition
NAME			. •	2.2 NAME						
STREET ADDRESS				2.3 STREE	ET ADORESS		,			
CITY-ST-ZIP				2, 4 CITY-	-		· · · · · · · · · · · · · · · · · · ·			
TITLE .:C:	Mile Park is		☐ DELETE	3.1 TITLE	1			L	] Change	Addition
NAME	in Promis			3.2 NAME						
STREET ADDRESS	<b>附约之前</b>			3.4. CITY-	ET ADDRESS			·		
TITLE	the first of the		☐ DELETE	4.1 TITLE			В.	Ε	] Change	Addition
NAME	· · ·			4. 2 NAME	:					
STREET ADDRESS		'		4.3 STREE	ET ADDRESS					
CITY-ST-ZIP				4.4 CITY-			·			·
TITLE			☐ DELETE	5.1 TITLE					] Change	☐ Addition
NAME				5.2 NAME	ET ADDRESS		*. •			
STREET ADORESS		-		5.4 CITY-						
CITY-ST-ZIP Tritle	francis, kind as d		☐ DELETE	6.1 TITLE			1	Г	Change	Addition
NAME		5. 利、机图等		6.2 NAME				_	_ •	
1	12.20 cm 3									

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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

305-377-4228

1