PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90136 001 ***150.00

| i. Corporation | MENT # M64221 HAL, INC. | | | | | | | | | |
|---|--|---|---|-----------------------|---------------------|-------------------------|--------------------|---------------------------------------|---|---------------|
| Principal Place | of Business | Mailing Address | | | | B BIVIN BEDIL ENDIN (TO | | (t bioti didit | | |
| • | | <u> </u> | | | | | | | | |
| 6971 W. SUNRI #206 | SE BLVD. | 6971 W. SUNRISE BLVD. #206 | | | | | | | | |
| PLANTATION FI | L 33313 | PLANTATION FL 33313 | | | | DO NOT WRIT | E IN THIS S | SPACE | | |
| US | | US | | 3. D | ate Incorpora | ated or Qualifed | | _ | | |
| | | | |) 0 | 1/11/1988 | _ | | | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | 1 | | El Number | | | Ap | plied For | |
| 21 | <u> </u> | 26 3250 S. D. | IXIE HWY | 6 | <u>5-002344</u> | 1 | | | t Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | · | | ertifcate of S | tatus Desired | | \$8.75 | | |
| | | 27 | | | | | | Fee Re | · | |
| City & State | e | City & State | | l l | | aign Financing | | \$5.00 | • | |
| 23 | | 28 MIAMI, FL. | | T | rust Fund Co | ntribution | | Added t | o Fees | |
| Zip | Country | Zip | Country | 1 | • | on owes the curre | | | □• 1- | |
| 24 | 25 | 29 <i>33133</i> 30 | <u>υ.s.a.</u> | | ersonal Prop | | | Yes | □No | |
| | 9. Name and Address of Current | Registered Agent | 81 Name | 10. N | ame and Ad | Idress of New R | egisterea A | râsur | | |
| POS | ENTHAL, VLADIMIR M | | 1 1 | | _ | | | | | |
| | ALM AVENUE | | 82 Street | Address (P.O | . Box Numbe | er is Not Accepta | ble) | | | |
| | M ISLAND | | 83 | 50 S. | DIXIE | : ItWY_ | | | | |
| | WI BEACH FL 33139 | ADDRESS | 83 | | | | | | | |
| HIPO | WI DENOTT IE GOTGO | CHANGE | 84 City | 1 | | • | FL | 85 Zip (| Code | |
| 11. Pursuant | to the provisions of Sections 607.0502 egistered agent, or both, in the State of | and 607.1508, Florida Statutes | the shove-named | IAM) corporation s | ubmits this s | tatement for the | nurnose of o | changing its | registered gistered | |
| agent. I ar | m familiar with, and accept the obligati | ions of, Section 607.0505, Florid | a Statutes. | oration s boar | a or allectors | s. Thereby accep | и ию арроп | | | |
| agent. I an | rn familiar with, and accept the obligati | ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re | a Statutes. | equired when reins | stating) | | DATE | | <u>. </u> | í |
| agent. I ar | m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND | ons of, Section 607.0505, Florid and title if applicable. (NOTE: Re | a Statutes. | equired when reins | stating) | IANGES TO OFF | DATE | D DIRECTO | PRS IN 12 | 1/08) |
| agent. I ai | m familiar with, and accept the obligative signature, typed or printed name of registered agent OFFICERS AND PD | ons of, Section 607.0505, Florida and title if applicable. (NOTE: Re | a Statutes. egistered Agent signature r | equired when reins | stating) | | DATE | | <u>. </u> | (11/08) |
| agent, I at | m familiar with, and accept the obligative signature, typed or printed name of registered agent OFFICERS AND PD ROSENTHAL, VLADIMIR | ons of, Section 607.0505, Florid and title if applicable. (NOTE: Re | a Statutes. ogistered Agent signature n 13. | AD | stating) DITIONS/CH | IANGES TO OFF | DATE | D DIRECTO | PRS IN 12 | 734 (11/08) |
| agent. I at SIGNATURE | m familiar with, and accept the obligative signature, typed or printed name of registered agent OFFICERS AND PD ROSENTHAL, VLADIMIR 80 PALM AVE PALM ISLAND | ons of, Section 607.0505, Florid and title if applicable. (NOTE: Re | a Statutes. egistered Agent signature in 13. 1.1 TITLE | AD | stating) DITIONS/CH | IANGES TO OFF | DATE | D DIRECTO | PRS IN 12 | DE034 (11/08) |
| agent, I at SIGNATURE 12. TITLE NAME | m familiar with, and accept the obligative signature, typed or printed name of registered agent OFFICERS AND PD ROSENTHAL, VLADIMIR | ons of, Section 607.0505, Florid and title if applicable. (NOTE: Re D DIRECTORS DELETE | a Statutes. 13. 1.1 TITLE 1.2 NAME | AD | stating) DITIONS/CH | IANGES TO OFF | DATE | D DIRECTO | PRS IN 12 | 034 (11 |
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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 seceiver 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 expowered.

6.4 CITY-ST-ZIP

SIGNATURE: