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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M65626 1. Corporation Name

127 DOMDEDTIES INC

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90227 010 ***150.00

137 PHC	PERHES, INC.									
		N - 25 A - 4 d					I KORTONII KIO OKION OIIKKO OIKIO KIDIN TIIKA OIKI		ill Blain Gibil IBBi	
Principal Place of Business Mailing Address										
12300 SW 132ND CT. 12300 SW 132ND CT. MIAMI FL 33186 MIAMI FL 33186							DO NOT WRITE IN THI	S SDACE		
						⊢,	Date Incorporated or Qualifed	3 SFACE	 -	
			•				01/25/1988		}	
2. Principal Place of Business 2a. Mailing Address							U 1/23/ 1300 1. FEI Number	$ \tau$	Applied For	
<u> </u>	lace of Busiliess	H	26			"	65-0037468	Not Applicable		
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75 Additional		
— ` ` '	#, GID.	27				5. Certifcate of Status Desired	•	Required		
City & Stat	· · · · · · · · · · · · · · · · · · ·	City & State				5. Election Campaign Financing	\$5.0	0 May Be		
23		28				Trust Fund Contribution Added to Fees				
Zip	Country		Zip Country				This corporation owes the current year in	ntangible		
24	25	29	30	-		Ι,	Personal Property Tax.	Yes	□No	
24	9. Name and Address of Curre		1551_	T^{T}		10	0. Name and Address of New Registered	Agent		
				81	Name					
SHA	APIRO, JEREMY				Ctron A A		(D.O. Day Number is Not Assentable)			
	00 SW 132ND CT.			82	Street Ad	aaress	(P.O. Box Number is Not Acceptable)			
MIA	MI FL 33186			83						
				84	City		F	85 Zi	p Code	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida. Such change was a	uthoriza	ed by	the corpora	orporati ation's	on submits this statement for the purpose of board of directors. I hereby accept the app	of changing pintment as	its registered registered	
SIGNATURE		•								
JONATORE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Register	ed Agen	t signature requ	uired whe				
12.		ND DIRECTORS	13				ADDITIONS/CHANGES TO OFFICERS A			
TITLE	DP	☐ DELETE	1.1	TITLE				Chang	e	
NAME	SHAPIRO, JEREMY		1.2 NAME						[
STREET ADDRESS	12300 SW 132ND CT.		1.3	STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186			CITY-S1	r-ZIP				- D Addition	
TITLE	DVP	☐ DELETE	2,1	TITLE	-			Chang	je Addition	
NAME	SHAPIRO, BRIAN		2.2 NAME						İ	
STREET ADDRESS	12300 SW 132ND CT.		2.3 STREE		ADDRESS				Ì	
CITY-ST-ZIP	MIAMI FL 33186			CITY-S	T-ZIP					
TITLE	DS	☐ DELETE	3.1 TITLE					Chang	e	
NAME	SHAPIRO, DAVID		3,2 NAME		i					
STREET ADDRESS	12300 SW 132ND CT.	CT. 3.3		STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186 34.0		CITY-S	T-ZIP						
TITLE		☐ DELETE	4.1 TITLE		ĺ			Chang	je 🗌 Addition	
NAME			4. 2	NAME						
STREET ADDRESS			4.3	STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-5		r-ZIP					
TITLE		☐ DELETE	5.1	TITLE				Chang	je 🗌 Addition	
NAME			52	NAME					İ	
STREET ADDRESS			5.3	STREET	ADDRESS					
CITY-ST-ZIP			_	CITY-ST	r-ZIP					
TITLE		☐ DELETE	6 1	TITLE	l"		,	Chang	e Addition	
NAME			6.2	NAME	1					
STREET ADDRESS 6.3					l.					
STREET ADDRESS					ADDRESS					

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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/~1/99 Date

Daytime Phone #

CR2E034 (11/98)