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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # M66159



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

(0)

May 15, 1999 8:00 am Secretary of State

05-15-1999 90007 022 ***150.00

1. Corporati	on Name	- 1 - 0))		_			
۸.			,					
4	3 D, INC.		L			`		
•								/
Principal Place of Business Mailing Address								
÷			111 60	~~				
10220	9 <i>5W 80ST.</i>	10000	300 89	3/				
102205W 875T. 10200 SW 87 MIAMI FIA 33173 MIAMI FIA 33						DO NOT WRITE IN THIS	S SPACE	
ILS US						3. Date Incorporated or Qualified		
						1/38/1998		
Principal Place of Business 2a. Mailing Address			Address			4. FEI Number	/ As	onlied For
21 26						45-0036/54	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75	
22 27 City & State City & State			1-4-	·			Fee Re	equired
						-6. Election Campaign Financing	\$5.00	
Zip	Country			Country		Trust Fund Contribution	Added t	to Fees
24	25	29	30	٠ ·		8. This corporation owes the current year in	_	
	9. Name and Address of Curr			<u> </u>		Personal Property Tax. 10. Name and Address of New Registered	Yes	□No
		-		81	Name	To. Name and Abdress of New Registered	Agent	
GA	DINSKU. Down	1_						
GADINSKY, Dorothy 10220 SW 87ST. MIAMI FI 33173				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
10220 JU 87 ST.				83				
MIAMI FI 22172								1
3016				84 City		FL	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0	602 and 607.1508. F	lorida Statutes.	the above	-named corp	oration submits this statement for the purpose of	obassiss its	ragistarad
OHICE OF	registered agent, or both, in the Stat am familiar with, and accept the obli	e of Fiorida, Such c	nance was autho	ากเรดสากหา	the cornoratio	on's board of directors. I hereby accept the appoi	ntment as rec	gistered
SIGNATURE		pations of, Section o	07.0303, Fiolida	Statutes.				
SIGNATURE	Signature, typed or printed name of registered a	ent and title if applicable.	(NOTE: Reg	istered Agent	signature required	d when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS		13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	RS IN 12
TITLE	DP] DELETE	1.1 TITLE			Change	Addition
NAME	GADINSKY Dorothy		1.2 NAME				·	
STREET ADDRESS	10220 SU187 ST	'4		1.3 STREET	ADDRESS			
CITY-ST-ZIP	MIANI, PI			1.4 CITY-ST	- ZIP			
TITLE	KITAIOIII I		DELETE	21 TITLE			Change	Addition
NAME			l	2.2 NAME				
STREET ADDRESS			ı	2.3 STREET	ADDRESS			
CITY-ST-ZIP				2. 4 CITY- ST	-ZIP			
TITLE		۔ ا	DELETE .	3 1.TITLE			Criange	Addition
NAME			4	3.2 NAME				
STREET ADDRESS				3.3 STREET	ADDRESS			
CITY-ST-ZIP				3.4. CITY-ST	ZIP			
TITLE		L	i i	4.1 TITLE			☐ Change	☐ Addition
NAME				4. 2 NAME				1
STREET ADDRESS			ł	43 STREET	ADDRESS			
CITY-ST-ZIP			1	4 4 CITY-ST-	ZIP		<u>'</u>	
TITLE		L	N	5.1 TITLE			Change	☐ Addition
NAME			H	5.2 NAME	1000500			Ì
STREET ADDRESS			1	5.3 STREET A	l l			
CITY-ST-ZIP				5.4 CITY-ST- 6.1 TITLE	ZIF ³	·		
NAME		<u>_</u>	, , , , , , , , , , , , , , , , , , , ,	6.2 NAME	i		☐ Change	☐ Addition
	•				IDDBESS.			
l l			63 STREET A					
CITY-ST-ZIP			1	6.4 CITY-ST-	217			

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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)