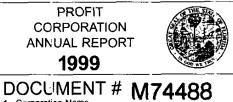
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State Katherine Harris

04-29-1999 90199 001 ***150.00



COSTA I	HOLDING COMPANY							
Principal Place	e of Business	Mailing Address					. 1916 11919 11917 11911) \$1\$(1 \$1\$(1 1 88)
7783 NW 44TH ST. 7783 NW 44TH ST.								
SUNRISE FL (3351 SUNRISE FL 33351						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualifed		
						03/30/1988		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Α	Applied For
21		26				65-0047972	l N	Vot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ ' ' '			5. Certifcate of Status Desired	T	Additional Required
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
23		⊢ ′	28			Trust Fund Contribution	,	to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year	ar In:angible	
24	25	29	30			Persona Property Tax.	Yes	□No
_ 	9. Name and Address of Curr					10. Name and Address of New Registe	red Agent	
_				81	Name			Ì
	n, george		-	82	Street Add	dess (P.O. Box Number is Not Acceptable)		
1057 POPLAR CIRCLE			[Oli CCC / NOO	5 cos (rc. zox riamos is rict rict sprasse)		
FT. LAUDERDALE FL 33326			1	83				
			ļ.	84	City		85 Zip	Coce
				04	City		FL. 👸	Joeco
office or a	to the provisions of sections of registered agent, or both in the Starm familiar with, and accept the obli	te of l-florida. Such change was au gations of, Section 607.0505, Flor	thorized da Statut	by ti tes.	ne corporati	r oration submits this statement for the purposition's board of directors. I hereby accept the a	ippomunent as r	egislered
12.		AND DIRECTORS	13.	yent:	signature requir	ADDITION S/CHANGES TO OFFICER		ORS IN 12
TITLE	D			1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	
NAME	HORN, GEORGE	1.2 N		ΛE				ļ
STREET ADDRESS				EET A	ADDRESS :			
CITY-ST-ZIP	FT. LAUDERDALE FL			/-ST-	- 1			
TITLE	D	DELETE 2.1					☐ Change	Addition
NAME	COHEN, SHELIA	· · · · · · · · · · · · · · · · · · ·		Æ				
STREET ADDRESS			2.3 STR	EET A	ADDRESS			}
CITY-ST-ZIP				Y-ST	-ZIP			}
TITLE	D	☐ DELETE	3.1 TITLE				Change	Addition
NAME	SILVERSTEIN, HELENE		3.2 NAN	ΛE				
STREET ADDRESS	7783 NW 44 ST		3.3 STRE		ADDRESS			\
CITY-ST-ZIP	SUNRISE FL			Y-\$T-	-ZIP			
TITLE	D	☐ DELETE	4 1 TITL	.E	_		Change	e Addition
NAME	SLAKMAN, BARBARA		4. 2 NAME		1			\
STREET ADDRESS	7738 NW 14 ST		4.3 STREE		ADDRESS			
CITY-ST-ZIP	SUNRISE FL		4.4 CITY-		ZIP			
TITLE		☐ DELETE	5.1 TITLE				Change	e [] Addition
NAME			5.2 NAN	Æ				
STREET ADDRESS			5.3 STR	EET A	ADDRESS			1
CITY-ST-ZIP				Y-ST-	ZIP			
TITLE			6.1 TITL	.E			Change	e [] Addition
NAME			6.2 NAM	Æ				{
CTDEET ADDDESC	1		6.3 STR	EET A	ADDRESS			ļ

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I arr 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 organ attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER O & DIRECTOR

Ds ytime Phone #

CR2E034 (11/98)