

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

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90108 019 \*\*\*150.00

DOCUMENT # M80064

1. Corporation Name  
CHECK-OUT CORP.



DO NOT WRITE IN THIS SPACE

|   |   |  |                     |
|---|---|--|---------------------|
| Principal Place of Business<br>2945 FLAMINGO DR<br>MIAMI BEACH FL 33140<br>US   |   | Mailing Address<br>2945 FLAMINGO DR<br>MIAMI BEACH FL 33140<br>US                                |                     |
| 2. Principal Place of Business  |   | 2a. Mailing Address  |                     |
| 21  | Suite, Apt. #, etc.   | 26   | Suite, Apt. #, etc. |
| 22  | City & State  | 27   | City & State        |
| 23  | Zip   | 28   | Country             |
| 24  | Country   | 29   | Country             |
| 9. Name and Address of Current Registered Agent   |   | 10. Name and Address of New Registered Agent   |                     |
| GENET, S M<br>2945 FLAMINGO DR<br>MIAMI BEACH FL 33140  |   | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |                     |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. |   |  |                     |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |                     |
| 12. OFFICERS AND DIRECTORS  |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |                     |
| TITLE   | PST<br>GENET, S M<br>2945 FLAMINGO DR<br>MIAMI BEACH FL 33140 | 1.1 TITLE  | Change Addition     |
| NAME  |   | 1.2 NAME   |                     |
| STREET ADDRESS  |   | 1.3 STREET ADDRESS   |                     |
| CITY-ST-ZIP   |   | 1.4 CITY-ST-ZIP  |                     |
| TITLE   |   | 2.1 TITLE  | Change Addition     |
| NAME  |   | 2.2 NAME   |                     |
| STREET ADDRESS  |   | 2.3 STREET ADDRESS   |                     |
| CITY-ST-ZIP   |   | 2.4 CITY-ST-ZIP  |                     |
| TITLE   |   | 3.1 TITLE  | Change Addition     |
| NAME  |   | 3.2 NAME   |                     |
| STREET ADDRESS  |   | 3.3 STREET ADDRESS   |                     |
| CITY-ST-ZIP   |   | 3.4 CITY-ST-ZIP  |                     |
| TITLE   |   | 4.1 TITLE  | Change Addition     |
| NAME  |   | 4.2 NAME   |                     |
| STREET ADDRESS  |   | 4.3 STREET ADDRESS   |                     |
| CITY-ST-ZIP   |   | 4.4 CITY-ST-ZIP  |                     |
| TITLE   |   | 5.1 TITLE  | Change Addition     |
| NAME  |   | 5.2 NAME   |                     |
| STREET ADDRESS  |   | 5.3 STREET ADDRESS   |                     |
| CITY-ST-ZIP   |   | 5.4 CITY-ST-ZIP  |                     |
| TITLE   |   | 6.1 TITLE  | Change Addition     |
| NAME  |   | 6.2 NAME   |                     |
| STREET ADDRESS  |   | 6.3 STREET ADDRESS   |                     |
| CITY-ST-ZIP   |   | 6.4 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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99

305/672-1122

CR2E034 (11/98)