0-0ED04 (44/09)

## 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** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90146 015 \*\*\*150.00

## DOCUMENT # MOZZOS

	ROMOTIONS, INC.									
Principal Place	of Business	Mailing Addre	ss							
3250 MARY ST.		3250 MARY ST								
100		100 COCONUT GROVE FL 33133				DO NOT WRITE IN THIS SPACE				
COCONUT GROVE FL 33133 JS		US				3. Date Incorporated or Qualifed				
13		••					09/06/1988		<del></del>	
2. Principal Place of Business		2a. Mailing Address			1	FEI Number		<u> </u>	plied For	
1		26				<u>65-0072121</u>	<u> </u>		t Applicable	
Suite, Apt.	¥, etc.	Suite, Apt.	#, etc.			5.	Certificate of Status Desired		\$8.75 A Fee Re	
2		27							*\$5.00	
City & State	9	City & Sta	ite				Election Campaign Financing Trust Fund Contribution	9 □	Added to	- 1
3		28		Countr			This corporation owes the co	irrent year Int.		
Zip	Country	Zip	30	Country	,	8.	Personal Property Tax.		Yes	□No
4	25	29 29 A 201		<del>"</del>		<u>i</u>	Name and Address of Nev	v Registered	Agent	
	9. Name and Address of Curre	nt Registered Age		81	Name					
FRF	EMAN, LEWIS B			-	01	denna /D	O. Box Number is Not Acce	ntable)		<del></del>
	MARY STREET, #100	82 Stree			Street Add	aress (P	O. Box Mulliber is Mar Acce			
	ONUT GROVE FL 33133	83								
									85 Zip (	Code
	to the provisions of Sections 607.05			84	1			FL	<u>.</u>   '	
agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	lations of, Section of			e					
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.	07.00007.10.10	egistered Age	S. ent signature requi	ired when r	n submits this statement for to pard of directors. I hereby acceptainting)  ADDITIONS/CHANGES TO 0	DATE		
	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable.  ND DIRECTORS	(NOTE: R	egistered Age	ent signature requi	ired when r	·	DATE		
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable.  ND DIRECTORS	07.00007.10.10	13.	ent signature requi	ired when r	reinstating)	DATE	ND DIRECTO	ORS IN 12
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A PD ROTHSTEIN, RON	ent and title if applicable.  ND DIRECTORS	(NOTE: R	13. 1.1 TITLE 1.2 NAME	ent signature requi	ired when r	reinstating)	DATE	ND DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A PD ROTHSTEIN, RON 3250 MARY STREET, #100	ent and title if applicable.  ND DIRECTORS	(NOTE: R	13. 1.1 TITLE 1.2 NAME	ent signature requi	ired when r	reinstating)	DATE	ND DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered ag OFFICERS A PD ROTHSTEIN, RON	ent and title if applicable ND DIRECTORS	(NOTE: R	13. 1.1 TITLE 1.2 NAME	ent signature requi	ired when r	reinstating)	DATE	ND DIRECTO	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered ag OFFICERS A PD ROTHSTEIN, RON 3250 MARY STREET, #100	ent and title if applicable ND DIRECTORS	(NOTE: R	13. 1.1 TITLE 12 NAME 1.3 STREI 1.4 CITY-	ent signature requi	ired when r	reinstating)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered ag OFFICERS A PD ROTHSTEIN, RON 3250 MARY STREET, #100 COCONUT GROVE FL	ent and title if applicable ND DIRECTORS	(NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signature requi	ired when r	reinstating)	DATE	ND DIRECTO	DRS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A PD ROTHSTEIN, RON 3250 MARY STREET, #100 COCONUT GROVE FL	ent and title if applicable ND DIRECTORS	(NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE	ent signature requi	ired when r	reinstating)	DATE	ND DIRECTO	ORS IN 12 Addition
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered ag OFFICERS A PD ROTHSTEIN, RON 3250 MARY STREET, #100 COCONUT GROVE FL	ent and title if applicable.  ND DIRECTORS	(NOTE: R	egislered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREI 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	ired when r	reinstating)	DATE	ND DIRECTO	ORS IN 12 Addition
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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. CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: \_

TITLE

NAME

STREET ADDRESS

DELETE