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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

May 17, 1999 8:00 am Secretary of State

05-17-1999 90076 001 ****61.25

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Principal Plac	te of Business	Mailing Address			/1c/	}			
1100	BOR ISCAND OF T 3 State Road 7, Bo Patun, H. 23499	- 10 m	A.	O.A INI	ر الأراب				
MARK	BOR ISCANIS AT 1	urre Ru	CA V	· ///					
2042	3 State Road 7, BO	12 505							
Boca 1	Ratur, # 33498								
2. Principal P	Place of Business	2a. Mailing Addre	ess	1 /0	3. Date	e Incorporated or Qua	lifed		
21		26 2042 Suite, Apt. #.	8 U. K	vod 1/		6.8.77			
Suite, Apt.	. #, etc.		etc.		4. FEI	Number 25 · 056/3	36	-	Applied For Not Applicable
22 City & Stat	te	27 000	77					\$8.7	5 Additional
23		28 BOCO	l Kato	W, K	5 , Ceri	tifcate of Status Desir	ed 🗌		Required
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24	25	[29] (334)	90 30	USA		st Fund Contribution			led to Fees
	9. Name and Address of Current	kegistered Agent		81 Name		ne and Address of N	ew Registered	Agent	
Koy 70	enesco Sheri Scan	porough			KOY 1	Luesco			
GOD A	J. FEDERAL HWY RATON, TE 334/30			82 Street	Address (P.O. E	ox Number is Not Ac	ceptable)	STE.	302
72-	Por 1 Te 22, 123	· _		83	<u> </u>	<u>. , , , , , , , , , , , , , , , , , , ,</u>			
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				Out City	Bocu Ra	אסה.	FL	. 63 3	33432
	to the provisions of Sections 617.0502 registered agent, or both, in the State of								
	m familiar with, and accept the obligatio				Jordion 3 Dodio	or directors. I hereby t	accept the appo	indicine di	3 registered
		1	aco, i londa i	Glatatos.			21 1		
SIGNATURE		7207 S. T.	Edesia				4/29/99	3	
	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Regis	stered Agent signature	required when reinstati		DATE		CTORS IN 12
SIGNATURE 12. TITLE	OFFICERS AND	nd title if applicable. DIRECTORS	(NOTE: Regis			ng) TIONS/CHANGES TO	DATE		
12,	P LINIARD GOLDBURG	nd title if applicable. DIRECTORS	(NOTE: Regis	stereti Agent signature 13.			DATE	ND DIREC	
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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 617, Florida Statutes; and that my name appears in Block 13 if cyanged; or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF FIGURE OF DIRECTOR

4-21-99

(SW) 470 - 9535 Daytime Phone # 22E037 (11/98