

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90011 022 ****61.25

DOCUMENT # N94000002734

1. Corporation Name

BUSINESS, INC.

Principal Place of Business

Mailing Address

P.O. Box 562316

C

Miami-FL 33256



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/27/1994

21 Suite, Apt. #, etc. —

26 Suite, Apt. #, etc.

4. FEI Number
59-0867423

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Louis Figueras
6419 SW 40 St.
Suite C
Miami, FL 33155

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME JONES, SUSAN
STREET ADDRESS P O BOX 562316 N/A
CITY-ST-ZIP MIAMI FL 33256

1.1 TITLE ☐ Change ☐ Addition

TITLE VPD ☐ DELETE

NAME PAWLIGER, MIKE
STREET ADDRESS 6838 N.W. 77 CT
CITY-ST-ZIP MIAMI FL

1.2 NAME ☐ Change ☐ Addition

TITLE ~~VPD~~ PD ☐ DELETE

NAME WALKER, JOE
STREET ADDRESS 1301 NW 27TH AVE
CITY-ST-ZIP MIAMI FL 33125

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE STD ☐ DELETE

NAME ~~WILLIAMS, FRANK~~ Bob Gallaher
STREET ADDRESS 12661 G DIXIE HWY, STE-102 7400 SW 50TH Terr
CITY-ST-ZIP MIAMI FL #201 MIAMI FL 33155

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS
2.4 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/99 305 669 2535

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