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

DOCUMENT # P92000010288

STANDARD THE BAIL INC

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90093 031 ***150.00

	A FILIVES, INC.						
Principal Place	e of Business	Mailing Address				DI SIDSI BOILD CIRRI (BIB) (DIS 1004	
167 NE 39TH ST #500		167 NE 39TH ST 500			DO NOT WRITE IN THIS	S SPACE	
MIAMI FL 33137 US		MIAMI FL 33137 US	MIAMI FL 33137		3. Date Incorporated or Qualifed		
US		00			12/07/1992		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
2. Principal Place of Business		26	 		65-0373826	Not Applicable	
Suite. Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional	
22		27	<u> </u>		5. Certificate of Status Desired	. Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28	28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip		untry	8. This corporation owes the current year Ir		
24	25	29	30	 	Personal Property Tax.	Yes No	
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Registered	a Agant	
חבו	AEZ, GEORGE			Name			
705 705	HIBISCUS DR.			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	MI BEACH FL 33139			83			
MIN	MI BEACHTE 33135			03	•	·	
	•			84 City	FI	85 Zip Code	
44 5	4. Ab friend of Santing COT OF	02 and 607 1609 Florida	Statutos the	above named corr	poration submits this statement for the purpose of	of changing its registered	
office or r	registered agent, or both, in the State	of Florida. Such change	was authorize	ed by the corporati	ion's board of directors. I hereby accept the appo	pintment as registered	
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.050	5, Florida Sta	tutes.			
SIGNATURE	Signature, typed or printed name of registered ag	ant and title if applicable	(NOTE: Registers	d Agent signature require	ed when reinstating) DATE	 .	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12	
TITLE	DP		7-				
	: UP	☐ DELE	:1E 1,11	MLE		Change Addition	
NAME	- '	☐ DELE		ITLE VAME			
NAME STREET ADDRESS	PELAEZ, GEORGE	☐ DELE	1.2 1				
STREET ADDRESS	PELAEZ, GEORGE 285 HIBISCUS DR.	☐ DELE	1.2 8	VAME			
	PELAEZ, GEORGE	☐ DELE	1.2 h 1.3 S 1.4 C	NAME STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	PELAEZ, GEORGE 285 HIBISCUS DR.		12 N 1.3 S 1.4 C TE 2.1 T	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE	PELAEZ, GEORGE 285 HIBISCUS DR. MIAMI BEACH FL 33139		12 h 1.3 s 1.4 C TE 2.1 T 2.2 h	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	PELAEZ, GEORGE 285 HIBISCUS DR. MIAMI BEACH FL 33139		12 N 13 S 14 C TE 2.11 2.21 2.3 S 2.4	NAME CITY-ST-ZIP ITTLE NAME STREET ADDRESS	چ. بر ر بر ب	☐ Change ☐ 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 arrange system.

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ATUNE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #