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
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90007 016 ***150.00

DOCUMENT # P93000001730

1. Corporation Name
LEVISSE, INC.

Principal Place of Business	Mailing Address
2814 COCONUT AVE 204 COCONUT GROVE FL 33133 US	2814 COCONUT AVE 204 COCONUT GROVE FL 33133 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
01/04/1993

4. FEI Number
65-0291419

Applied For / Not Applicable

5. Certifcate of Status Desired ☐   **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐   **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.   ☑ Yes   ☐ No

	Principal Place of Business		Mailing Address
2.	21	2a.	26
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27
City & State	23	City & State	28
Zip / Country	24 / 25	Zip / Country	29 / 30

9. Name and Address of Current Registered Agent

LUIS, MIKE
2814 COCONUT AVENUE
STE. 204
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

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 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 _____
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	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVIN, ERIC		1.2 NAME	
STREET ADDRESS	1614 JEFFERSON AVE., SUITE 2		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	
TITLE	PSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LUIS, MIKE		2.2 NAME	
STREET ADDRESS	2814 COCONUT AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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 REQUIRED_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99   3054461929
Date   Daytime Phone #