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 # P9300005129

1. Corporation Name

FEINA FI	OLUINGS LIMITED, INC.	,		 1881/882 1/8 /14/88 1/4/ 80/14 10/4	
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· •	ce of Business	Mailing Address			
201 CRANDON BLVD 201 CRANDON BLVD APT 174					
KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149				DO NOT WRIT	E IN THIS SPACE
				3. Date Incorporated or Qualifed	
	•			01/14/1993	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0493738	Not Applicable
Suite, Apt.	. #, etc	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27 City 8 Ct-4-			Fee Required
City & Star	te .	City & State		6. Election Campaign Financing	□ \$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation owes the curre Personal Property Tax.	nt year intangible □ Yes □ No
	Name and Address of Currer			10. Name and Address of New Re	
		BALLY ST	81 Name		
PEN	NA, ONSTANTION S		82 Street Add	ress (P.O. Box Number is Not Acceptab	nle)
l	CRANDON BLVD		of other read	TOO (1.0. DOX HUMBER IS 1901 Medephal	
	T 174 MBISCAYNE FL 33149		83		
NET	DISCATNE FL 33149	,	84 City		85 Zip Code
ign page 9 g	2			<u> </u>	- FL
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statut of Florida, Such change was a	es, the above-named corp uthorized by the corporation	poration submits this statement for the poon's board of directors. I hereby accept	ourpose of changing its registered
ልሴ agent, Fa	am familiar with, and accept the obliga	itions of, Section 607.0505, Flo	rida Statutes.	·	
SiGNATURE	am familiar with, and accept the obliga	itions of, Section 607.0505; Flo	rida Statutes.		
నగ agent. Fa	am familiar with, and accept the obliga	itions of, Section 607.0505; Flo	rida Statutes. Registered Agent signature require 13.		DATE
St. agent, Fa	am familiar with, and accept the obliga	ntions of, Section 607.0505, Flo	rida Statutes. : Registered Agent signature require	od when reinstating) ADDITIONS/CHANGES TO OFF	DATE
Signature 12.	am familiar with, and accept the obligation of t	nt and title if applicable. (NOTE ID DIRECTORS DELETE	rida Statutes. Registered Agent signature require	ed when reinstating)	DATE ICERS AND DIRECTORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AN D PENA, CONSTANTINO S 201 CRANDON BLVD APT 174	nt and title if applicable. (NOTE ID DIRECTORS DELETE	rida Statutes. Registered Agent signature require 13. 1.1 TITLE	od when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN D PENA, CONSTANTINO S 201 CRANDON BLVD APT 174 KEY BISCAYNE FL 33149	nt and title if applicable. (NOTE ID DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	od when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
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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.

6.4 CITY-ST-ZIP

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90055 030 ***150.00