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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P9300008161

EAST/WEST FOUR COMPANY

Principal Place of Business	Mailing Address
915 LINCOLN ROAD MIAMI BEACH FL 33139	915 LINCOLN ROAD MIAMI BEACH FL 33139

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90146 038 ***150.00



DO NOT WRITE IN THIS SPACE

								01/28/19						
2. Principal F	Place of Business	2a.	Mailing Address				4	4. FEI Numbe					Applied F	
21		26	<u> </u>					<u>65-0383</u>	349				Not Appl	
Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.							5. Certifcate of Status Desired Fee Req						
City & Sta	te	<u> </u>	City & State				- (6. Election Ca	mpaign Finani	ing		\$5.0	May E	Be [.]
23		28						Trust Fund	Contribution			Adde	to Fee	s
Zip	Country		Zip	Cor	intry		1	8. This corpor	ation owes the	current ye	ar Inta			
24	25	29		30			L	Personal P	roperty Tax.			Yes	□No	
	9. Name and Address of Current	Regis	tered Agent			-	1/	0. Name and	Address of N	ew Regist	ered /	Agent		
					81	Name								
MEI	.ano, mark esq.				82	Street A	ddrocc	(P.O. Box Nur	mbor is Not Ac	contable)				
242	O FIRST UNION FINANCIAL CENT	ER			82	SHEELA	luul ess	(F.O. DOX 1401	TIDEL IS THUL AC	coptable,				
200	SOUTH BISCAYNE BLVD. SUITE	242L)		83								•	
	MI FL 33131								·					
*****					84	City					FL	85 Zi	Code	
	to the provisions of Sections 607.0502				ĻĻ					- 11			to rogint	orod
office or	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florid	da. Such change was a , Section 607.0505, Flo	uthorized rida Stat	utes.	he corpor	oration's	board of direc	tors. I hereby	accept the	арроп	ntment as	registere	ed —
Old Notice	Signature, typed or printed name of registered agent		- Transcription 1		Agent	signature rec	quired whe	en reinstating)		DA				
12.	OFFICERS AND	DIRE		13.				ADDITIONS	CHANGES TO	OFFICE	S AN			
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TITLE NAME	'		☐ DELETÉ	1.1 Ti 1 2 N						.		Change	٠ ١	Addition
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I. 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, of our an attachment with an address, with all other like empowered.

SIGNATURE

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

12/99

3055345979 Daytime Phone # 2EU34 (11/98)