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 # P93000015710

RICE & ROBINSON, P.A.

FILED Feb 06, 1999 8:00am Secretary of State

02-06-1999 90013 014 ***150.00



	ice of Business	Mailing Address			r annenn tim imten tritt gmits Mitt Mitt Mitt		
848 BRIKELL	AVE	848 BRIKELL AVE					
STE 1100		STE 1100					
MIAMI FL 331	31	MIAMI FL 33131			DO NOT WRITE IN TH	IIS SPACE	
US	,	US			3. Date Incorporated or Qualifed	110 OF AGE	
		•					
2. Principal I	Place of Business	2a. Mailing Address			02/24/1993 4. FEI Number		
21		26		-			oplied For
Suite, Apt	t # etc	Suite, Apt. #, etc.	··		65-0388633		ot Applicable
22		—			5. Certifcate of Status Desired		Additional
		27				· Fee Re	equired
City & Sta	nte .	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	
24	[25]	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registere	d Agent	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		81	Name		- riguit	~
	E, ARTHUR H	÷	<u> -</u>			·	
848	BRICKELL AVE		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
STE	1100		83		And the second s		
	MI FL 33131		63			生烈物學	
			84	City	The second secon	. 85 Zip 0	Codo ¹
<u> </u>	<u> </u>	<u></u>		•	F	■ 1 i ·	I
11. Pursuant	to the provisions of Sections 607,0502	2 and 607 1508, Florida Statut	es, the above-	named corpo	pration submits this statement for the purpose n's board of directors. I hereby accept the app	of changing its	registered
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Flo	utnonzed by tr rida Statutes.	ne corporation	n's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE		10					í
	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered Agent s	signature required	when reinstating). DATE		
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	BS IN 12
TITLE	D	☐ DELETE				THE DITTE OF C	IND IN IZ
	•		1.1 TITLE	ļ	ent of the second	☐ Change	Addition
NAME	1 -	Decere		İ		☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP	RICE, ARTHUR H 848 BRICKELL AVE. STE. 1100 MIAMI FL 33131	,	1.2 NAME 1.3 STREET AI 1.4 CITY-ST-Z	ļ		-, ·	Addition
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14. I hereby certify that the information supplied with this filling 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:

PHONATURE REQUIRED

1-14-99 (305) 379-312/

7-10-10-10