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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000017403

1. Corporation Name

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90073 040 ***150.00

3. Date Incorporated or Qualifed	#11 81911 9 8100 (111 100 1	
NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH FL 33180 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
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	<u></u>	
03/04/19 9 3		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For	
21 26 65-0397346	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	3.75 Additional Fee Required -	
22	- '	
	5.00 May Be Added to Fees	
23 Zip Country Zip Country 8. This corporation owes the current year Intangible	·	
24 25 29 30 Personal Property Tax.		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	t	
81 Name		
JACOBY, SASSON 82 Street Address (P.O. Box Number is Not Acceptable)		
2425 NE 195111 51		
NORTH MIAMI BEACH FL 33180		
84 City 85	Zip Code	
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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 change of the corporation of the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment	ging its registered nt as registered	
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 change 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 appointmen agent. I'am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ging its registered nt as registered	
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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:

STEDIATION IN CONTROL OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #