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 # P93000020180 1. Corporation Name

ROBERT GEIST INC.

Principal Place of Business

Mailing Address

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

03-10-1999 90242 045 ***150.00



5630 SW 76TH ST 5630 SW 76TH ST MIAMI FL 33143 MIAMI FL 33143		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed 03/17/1993			
2. Principal Place of Business 1 7620 S. W. 56 AVE.	2a. Mailing Address 26 7620 S. W. 56	4vē	4. FEI Number	Applied For - Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State 3 Miami FL	City & State 28 Minni FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country 4 33/43 25 Matrico Dage		Mir DADE	This corporation owes the current Personal Property Tax.	year Intangible ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
MATLIN, BRIAN		81 Name		·		
2809 BIRD RD #124 78 90 CORAL WAY MIAMI FL 33133 MIAMI, FL 33155		82 Street Addres	ss (P.O. Box Number is Not Acceptable)		
		83				
		84 City	·	FL 85 Zip Code		
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	Florida. Such change was authorize	d by the corporation	ation submits this statement for the pur's board of directors. I hereby accept the	rpose of changing its registered ne appointment as registered		

SIGNATURE	ALOTE D	nucleand Appet signature require	ured when reinstation)	DATE			
Signature, typed or printed name of registered agent and title if applicable (NOTE: F 12. OFFICERS AND DIRECTORS		gislered Agent signature required when reinstating) 13. ADDITIONS/CHANGES TO O			OFFICERS AND DIRECTORS IN 12		
	D DELETE	1.1 TITLE	7.0011101070707174102		Change	Addition	
TITLE NAME	CEICT DOREDT	1.2 NAME			- . • •	_	
STREET ADDRESS	9630 SW 76TH ST 7620 S.W. 56 Ave:	1.3 STREET ADDRESS			•		
	MIAMI FL 33143	1.4 CITY-ST-ZIP					
CITY-ST-ZIP	□ DELETE	2.1 TITLE			Change	Addition	
TITLE		1				_	
NAME		2.2 NAME				Į.	
STREET ADDRESS	,	2.3 STREET ADDRESS	• " +	~		-	
CITY-ST-ZIP		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		,	-		
14. Thereby (certify that the information supplied with this filing does not qualify for the	ne exemption stated i	n Section 119.07(3)(i), Florida	Statutes. I further cer	tify that the in	formation	

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 pranged, or on an attackment with an address, with all other like empowered.

SIGNATURE: