FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000021865

1. Corporation Name FERRETS, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

3100 LUCAYA STREET MIAMI FL 33133

US

21

22

23

Zip

MIAMI FL 33245-0099

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

Country

P.O. BOX 450099

FILED May 07, 1999 8:00 am

Secretary of State

05-07-1999 90012 045 ***150.00

DO NOT WRITE IN THIS SPACE

 \Box

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

03/24/1993 4. FEI Number

65-0397144

30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 JEANS, DEBORAH L Street Address (P.O. Box Number is Not Acceptable) 3100 LUCAYA STREET SUITE 400 83 **MIAMI FL 33133** Zip Code City 85 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 changing its registered 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change 11 TITLE TITLE JEANS, DEBORAH L 1.2 NAME NAME 3100 LUCAYA ST 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL. 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY- ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 61TITE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP 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

Country

indicated on this annual report or supplied 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:

Applied For

\$8,75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

□No

Not Applicable

(11/98)CR2E034