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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000022194					
1. Corporation Name					
RED LETTER HOLDINGS OF FLORIDA, INC.				* (88) (88) 188 188 8 (11) 80(1) 80(1)	2016 P2100 11010 11201 (1810 1811 8)8) 1201
{	•				
Principal Place	e of Business	Mailing Address		3 IODIIOOI IIO IBIOT (III) OTAI DOUI	EB ilit Ba isan il ain itana tinin lauti buat tahu
501 BRICKELL		501 BRICKELL KEY DRIVE			
SUITE 400 SUITE 400			DO NOT WRITE	IN THIS SPACE	
i Miami FL 3313° I US	1	Miami FL 33131 US		3. Date Incorporated or Qualifed	THE SPACE
03		00		03/24/1993	
2. Principal Pl	lace of Business	(2a) Mailing Address		4. FEI Number	Applied For
21	<u>·</u>	26		65-0400915	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired -	S8.75 Additional Fee Required
22		City & State			·
City & Stat		28		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curren	
24	25	29 3	0	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
0.0	ODEDOAR-HELEGELZ		81) Name	BAGG10	,
SLOSBERGAS, NELSON 501 BRICKELL KEY DRIVE 82 Street Ac			ress (P.O. Box Number is Not Acceptable	2 SUITE P-24	
SUITE 400			83	44 BRICKELL AU	C 30116 1 27
MIAMI FL 33131					
84 City MIAM I				NAM I	FL 85 Zip Code 33/3/
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					
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	(Xago	,			
	Signature, typed or printed name or registered agent		egistered Agent signature require	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	13. 1.1ππΕ	D.P. 5	Change Addition
NAME	MEYERSON, MICHAEL	,	1.2 NAME	RACCIO, JOSE	_
STREET ADDRESS	501 BRICKELL KEY DR STE 400	}	1,3 STREET ADDRESS	444 BRICKIELL ANC S	STE P-24
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, 1= (33/31	
TITLE	DPS	DELETE	2.1 TITLE	·	Change Addition
NAME	BAGGIO, JOSE		2.2 NAME		}
STREET ADDRESS	501 BRICKELL KEY DR STE 400		2.3 STREET ADDRESS	·	~
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2. 4 CITY-ST-ZIP		
TITLE		LJ DELETE	3.1 TITLE 3.2 NAME		□ otterige □ moutton
NAME expect annouses	• .		3.3 STREET ADDRESS		
STREET ADDRESS	·		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	•	☐ DELĒTE	5.1 TITLE	•	Change Addition
NAME			5.2 NAME		\$
STREET ADDRESS	•		53 STREET ADDRESS		I
1			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
1		☐ DELETE	5.4 CITY-ST-ZIP		☐ Change ☐ Addition

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 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.

6.4 CITY-ST-ZIP

SIGNATURE: X

Wai REQUIRED ED NAME OF SIGNING OFFICER OR DIRECTOR