## 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 # P93000033141

Country

9. Name and Address of Current Registered Agent

25

FREEMAN, STEPHEN A

SOO DESCRETT KEY DOWN

**PROMAG CORPORATION** 

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

Zip

Mailing Address

520 BRICKELL KEUY DRIVE SUITE 0-305 MIAMI FL 33131

1. Corporation Name

520 BRICKELL KEUY DRIVE **SUITE 0-305** 

MIAMI FL 33131

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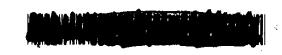
2a. Mailing Address

City & State

Suite, Apt. #, etc.



05-10-1999 90227 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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05/07/1993

65-0413017

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

4. FEI Number

82 Street Address (P.O. Box Number is Not Acceptable)

	DRICKELL RET UNIVE	<u>l</u> _				······································	
SUITE 0-305			3				
MIAN	M FL 33131	<u> </u>	4	log l	Zip Co		
		В	4 City	y <b>FL</b>   <sup>85</sup>	ZIP C	oe	
office or re	to the provisions of Sections 607.0502 and 607.1508, Florida Stattegistered agent, or both, in the State of Florida. Such change was in familiar with, and accept the obligations of, Section 607.0505, Fi	authorized b	y the c	ned corporation submits this statement for the purpose of changing	ng its regi	egistered stered	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOT	F: Registered An	ecl sione	ture required when reinstating) DATE			
12.	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE Ì	DP DELETE	1.1 TITLE		☐ Ch.		Addition	
IAME	XANTHAKIS, EXLEUTHERE	1.2 NAME	<u>:</u>				
TREET ADDRESS	520 BRICKELL KEUY DRIVE SUITE 305		REET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-					
ITLE	DS DELETE	2.1 TITLE		Ch:	ange	Addition	
IAME	XANTHAKIS, CLORIS	2.2 NAME	!				
TREET ADDRESS	520 BRICKELL KEUY DRIVE SUITE 305	23 STRE	ET ADDR	ESS			
ITY-ST-ZIP	MIAMI FL 33131	2. 4 CITY	-ST-ZIP				
ITLE	☐ DELETE	3.1 TITLE		□ Ch.	ange	Addition	
AME		3.2 NAME					
TREET ADDRESS		3.3 STRE	ET ADDRI	ESS			
ITY-ST-ZIP		3.4. CITY	ST-ZIP				
T.E	☐ DELETE				ange	☐ Addition	
		4. 2 NAM	Ε		-		
TREET ADDRESS		4.3 STRE	ET ADDR.	ESS			
ITY-ST-ZIP		4.4 CITY-	ST-ZIP				
ITLE	↑ □ DELETE	5.1 TITLE		□ Ch	ange	Addition	
AM <u>E</u>		5 2 NAME					
TREET ADDRESS	<b>,</b>	5.3 STRE	ET ADDRI	ESS .			
STY ST-ZIP	_/\	54 CITY-	ST-ZIP				
IILE	\\ □ DELETE	6.1 TITLE		,	ange	☐ Addition	
İ	$\sim 11$	6.2 NAME					
TREET ADDRESS	/	6.3 STRE	ET ADDRI	ESS			
ST ZIP		6.4 CITY-				<u> </u>	
14. I hereby of indicated officer or in Block 12 of	ertify that the information supplied with this fling does not qualify for this annual report or supplemental a fougling does not qualify for director of the corporation or the received by flusted-ampowered to or Block 13 if changed, or on an attachment with an address, with a	or the exemp curate and th execute this all other like (	otion sta at my s report empow	ated in Section 119.07(3)(i), Florida Statutes. I further certify that signature shall have the same legal effect as if made under oath; as required by Chapter 607, Florida Statutes; and that my name tered.	the int that I a appea	ormation am an irs in	

Country

81 Name

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