Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

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

PROFIT CORPORATION ANNUAL REPORT

1999



9. Name and Address of Current Registered Agent

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000034536 1. Corporation Name

WHERE IS THE HOUSE, INC.

Principal Place of Business Mailing Address 555 JEFFERSON AVENUE 555 JEFFERSON AVENUE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/06/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0419789 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 27 22 City & State City & State 6. Election Campaign Financing 28 Trust Fund Contribution 23 Country Zip Country Zip 8. This corporation owes the current year Intangible 30 24 25 29

ESTEFAN ENTERPRISES, INC. 555 JEFFERSON AVNUE MIAMI BEACH FL 33139

	Personal Property Tax.	No
	10. Name and Address of New Register	ed Agent
81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	. 85 Zip Code

FILED Mar 01, 1999 8:00 am

Secretary of State

03-01-1999 90041 040 ***158.75

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 Stonature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12. OFFICERS AND DIRECTORS			13.	7				
TITLE	PD	☐ DELETE	1.1 TITLE	C	Change	☐ Addition		
NAME	ESTEFAN, EMILIO JR		1.2 NAME	Estefan, Emilio Jr	•			
STREET ADDRESS	555 JEFFERSON AVENUE		1.3 STREET ADDRESS	555 Sefferson Ave. Miami Beach, FL33139.				
CITY-ST-ZIP	MIAMI BEACH FL 33139		1,4 CITY-ST-ZIP	Miami Beach, FL33139.	<u> </u>			
TITLE	VSTD	DELETE	2.1 TITLE	•	☐ Change	☐ Addition		
NAME	ESTEFAN, GLORIA M	i	2.2 NAME			l		
STREET ADDRESS	555 JEFFERSON AVENUE		2.3 STREET ADDRESS		•			
CITY-ST-ZIP	MIAMI BEACH FL 33139		2, 4 CITY-ST-ZIP					
TITLE	V	DELETE	31 TITLE	(P	Change	☐ Addition		
NAME	AMADEO, FRANK		3.2 NAME	Amadeo, Frank 555 Jefferson Ave Miami Beach, FL 33139				
STREET ADDRESS	555 JEFFERSON AVENUE		3.3 STREET ADDRESS	555 Jefferson Tre	2			
CITY-ST-ZIP	MIAMI BEACH FL 33139		3.4. CITY-ST-ZIP	miami Beach IFL 33130	<u>1 · </u>			
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			53 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			لــــــــــــــــــــــــــــــــــــــ		

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.

SIGNATURE