## 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 # P93000035847

1. Corporation Name

Principal Place of Business	Mailing Address	·····
998 WEST FLAGLER ST. MIAMI FL 33130	998 West Flagler St. Miami Fl 33130	
)		
2. Principal Place of Business	2a. Mailing Address	

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90013 036 \*\*\*150.00

I-SQUAR	TE IVIIAIVII, IIAG.						
Principal Place	e of Business	Mailing Address					
998 WEST FLAC MIAMI FL 33130		998 WEST FLAGLER ST. Miami Fl 33130			. DO NOT MOTE IN THE	e edace	
					DO NOT WRITE IN THI	3 SPACE	
	•				3. Date Incorporated or Qualifed 05/14/1993		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21	•	26			65-0502410		Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ad	
22	<del></del>	27				- Fee Req	
City & Stat	e	City & State			'6. Election Campaign Financing	\$5.00 N	
23	·	28		<del></del>	Trust Fund Contribution	Added to	rees
Zip	Country	Zip	ຸ Country ⊐		8. This corporation owes the current year le		JNo
24	25	29 30	<u>)</u>		Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Maine and Address of New Registered	. Agent	
CIUN	NEY, JEFFREY A		61	(Name			
	WEST FLAGLER ST.		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		}
	WI FL 33130		92		···		
IMINI	WI FE 33 130		83				
	•	,	84	City	F	85 Zip Ci	ode
					oration submits this statement for the purpose		ragistared
office or n agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auth	iorized by	the corporation	on's board of directors. I hereby accept the app	ointment as regi	istered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	gistered Ager	nt signature require	d when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	Р	☐ DELETE	1,1 TITLE		•	Change	☐ Addition
NAME	GIDNEY, JEFFREY A.		1.2 NAME				
STREET ADDRESS	998 W. FLAGLER ST.		1.3 STREET	TADORESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-\$	T-ZIP			
πιε	V .	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	CONSOLO, ROBERT J.		2.2 NAME			•	\
STREET ADDRESS	998 W. FLAGLER ST.		2.3 STREE	TADDRESS			
CITY ST ZIP	-MIAMI:FL		2.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	<u>:</u> .		3.2 NAME				ĺ
STREET ADDRESS	· · · · ·		3.3 STREE	TADORESS			
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		· ———	☐ Change	Addition
NAME			4. 2 NAME				
STREET ADORESS	<b>,</b> '		4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME		•		
STREET ADDRESS	<b>)</b> ;		5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME	1		6.2 NAME				ĺ
STREET ADDRESS	·		6.3 STREET	TADORESS			

6.4 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 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 of 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 the receiver of the corporation of the corp

SIGNATURE:

Daytime Phone #