Applied For

Fee Required

\$5,00 May Be

Added to Fees

Not Applicable \$8.75 Additional

## 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 # P93000041358

1. Corporation Name

ANIELLO INVESTMENTS, INC.

Principal Place of Business	Mailing Address	DO NOT WRITE IN THIS SPACE		
155 E. FLAGLER ST. MIAMI FL 33131	940 LINCOLN RD. MALL Suite 204 Miami Beach Fl 33139			
		3. Date Incorporated or Qualifed 06/07/1993		
2. Principal Place of Business	2a. Mailing Address 26	4. FEI Number 65-0421064		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution  \$5		
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.		

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90041 013 \*\*\*150.00



JACOBY, EZRA 940 LOINCOLN RD MALL SUITE 204 MIAMI BEACH FL 33139  11. Provisions of Sections 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or folior 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 gent and late if applications of, Section 607,0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. Provisions of William In familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. Late of the purpose or omitted name of registered agent and like if application.  NAME  JACOBY, EZRA  12. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  JACOBY, EZRA  13. STREET ADDRESS  CITY-ST-ZP  MIAMI BEACH FL 33139  14. CITY-ST-ZP  MIAMI BEACH FL 33139  15. TITLE  D CHEN, RONI  15. STREET ADDRESS  CITY-ST-ZP  MIAMI BEACH FL 33139  16. CHenge Addition  17. STREET ADDRESS  CITY-ST-ZP  MIAMI BEACH FL 33139  17. CHenge Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. TITLE  D CHEN, RONI  19. STREET ADDRESS  CITY-ST-ZP  MIAMI BEACH FL 33139  19. STREET ADDRESS  CITY-ST-ZP  Addition  19. STREET ADDRESS  CITY-ST-ZP  Addition  19. STREET ADDRESS  CITY-ST-ZP  Addition  19. Addit	24	25	29	30			Personal Property Tax.	∠Yes	□No
JACOBY, EZRA 940 LOINCOLN RD MALL SUITE 204 MIAMI BEACH FL 331399  82 Street Address (P.O. Box Number is Not Acceptable)  83					$\top$		10. Name and Address of New Regi	istered Agent	
940 LOINCOLN RD MALL SUITE 204 MAMI BEACH RL 33139  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, it and corporation submits this statement for the purpose of changing its neglistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment at registered agent, and familiar with, and accept the obligations of, Section 607.0502, Florida Statutes, its analysis of									
SUTRE 204 MIAMI BEACH FL 33139  84 City FL 85 Zip Code  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 agent. I am familiar with, and accept the oligipations of, Section 607.0505. Priorida Statutes.  SIGNATURE  Signature, Typed or pritted name of inquiseon agent and tills if approache. (NOTE Registered Agent Statutes)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILE  D	JAC	oby, ezra			00	Chance	Address (D.O. Bay Number in Not Assentable	<u> </u>	
MIAMI BEACH FL 33139    B4   City	940 LOINCOLN RD MALL			82 Street Address (P.O. Box Number is Not Acceptable)					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, above-named corporation submits this statement for the purpose of changing its 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, am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.  SIGNATURE    Confidence of registered agent, and accept the obligations of, Section 607.0505. Florida Statutes.    Confidence of registered agent, and accept the obligations of, Section 607.0505. Florida Statutes.    Confidence of registered agent and title if apposable.   (NOTE Registered Agent agretative required when ministring.)   DATE	SUIT	E 204			83				
TI. 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 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, and familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.  SIGNATURE  T2. OFFICERS AND DIRECTORS  T3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D OFFICERS AND DIRECTORS  T18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D OFFICERS AND DIRECTORS  T18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D OFFICERS AND DIRECTORS IN 12  TITLE  TO THE TO TIT	MIAN	VII BEACH FL 33139							
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of director's. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607 9095. Florida Statutes.  (NOTE: Registered Agent signature required when reincuting)  DATE  (NOTE: Registered Agent signature required when reincuting)  DATE  12. OFFICERS AND DIRECTORS IN 12.  TITLE  D OFFICERS AND DIRECTORS IN 12.  12. NAME  JACOBY, EZRA  JACOBY,		•						FL	
Signature, speed or printed name of registance agonization (NOTE: Repetitived Agonit supprise required whem received when received received when received received when received received when received when received received received when received received received received received received received when received received received received received receive	office or t	enistered agent or both in	the State of Florida, Such chan	ge was authoriz	ed by	the corpo	corporation submits this statement for the pur pration's board of directors. I hereby accept th	pose of changing its le appointment as re	registered gistered
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE							DAYE	
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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 angual report or supplemental angual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an				1					
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	indicated	on this annual report or sur	nniemental annual report is true	and accurate a	nd tha	i mv sian	ature shall have the same legal effect as it the	ade under dath, that	i ani an

Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.