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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P93000041872

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90068 023 ***150.00

ISAQUE	ENA CORP							
i	•							
1		Mailing Address		_	<u> </u>	 		
	e of Business .	•						
200 S. BISCAYNE BLVD. 20THA FLOOR 20TH FLOOR								
MIAMI-FL 33131 MIAMI FL 33131				DO NOT WRITE IN THIS SPACE				
US US					3. Date Incorporated or Qualifed			
ì					06/14/1993			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			olied For
21		26			65-0425866			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		88.75 A	
22 .	- 10	27					Fee Rec	
City & Stat	te	City & State	_ '		6. Election Campaign Financing		\$5.00	
23		28 Zip	Coun	hn/	Trust Fund Contribution		Added to	o rees
Zîp (Country	Zip		иу	This corporation owes the curre Personal Property Tax.			□No
24	9. Name and Address of Curren		30	_	10. Name and Address of New R			
<u> </u>	9. Name and Address of Curren	r vedistaan wäeut		31 Name	iv. Hame and Addition of New It			
ROSSZ FIU CORPORATION								
200 S. BISCAYNE., 20TH FLOOR			1	32 Street Add	Iress (P.O. Box Number is Not Accepta	ble)		
	TE 1200		1	33				
	MI FL 33131							
Him and 12 00104				City		FL ^l	85 Zip C	Code
11 Dureugnt	to the provisions of Sections 607.050	2 and 607 1508 Florida Statute	s the ab	l ove-named con	poration submits this statement for the	purpose of cha	nging its	registered
office or r	egistered agent, or both, in the State	of Florida. Such change was at	thorized I	by the corporat	ion's board of directors. I hereby accep	t the appointm	ent as reg	gistered
agent I a	im familiar with, and accept the obligat	ions of, Section 607.0505, Flor	ida Statut	es.				
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOTE:	Registered A	gent signature requir	ad when reinstating)	DATE		
12.	OFFICERS AN		13.	<u></u>	ADDITIONS/CHANGES TO OFF	FICERS AND I	IRECTO	RS IN 12
TITLE	PST	☐ DELETE	1.1 TITL	E] Change	Addition
NAME	CHEEZEM, CHARLES K		1.2 NAM	E				
STREET ADDRESS)	1.3 STR	EET ADDRESS				ļ
CITY-ST-ZIP	MIAMI FL 33131		1.4 CIT	-ST-ZIP	_			
TITLE	AS	☐ DELETE	2.1 T/TL	E] Change	☐ Addition
NAME	CHEEZEM, JAN C		2.2 NAM	BE				
. STREET ADDRESS	AAA A MICONINE BUID ACTU	FLOOR	2.3 STR	EET ADDRESS		•		
CITY-ST-ZIP. +	MIAMI-FL-		2.4 CIT	Y-ST-ZIP		، ریمی سی		-
TITLE ;		☐ DELETE	3.1 TITL] Change	☐ Addition
NAME ,			3.2 NAM	ie				
STREET ADDRESS	. ·		3.3 STR	EET ADDRESS				
CITY-ST-ZIP,			3.4. CIT	Y-ST-ZIP				
TITLE '		☐ DELETE	4.1 TTL				Change	☐ Addition
NAME	• ,		4. 2 NA	ME.				
STREET ADDRESS			4.3 STR	EET ADDRESS				
CiTY-ST-ZIP			4.4 CITY	-ST-ZIP			_	
TITLE .		☐ DELETE	5.1 TITL	E		Ĺ	Change	Addition
NAME .	1		5.2 NAM	IE				ĺ
STREET ADDRESS			5.3 STR	EET ADDRESS				
CITY-ST-ZIP,			5.4 CITY	-ST-ZIP			_	
TITLE		☐ DELETE	6.1 TITL	E /			Change	Addition
NAME 1. 4.	(0.09)		6.2 NAN					
,	,	_	6.3 STR	EET ADDRESS ¹				
STREET ADDRESS				ı				

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 are pelemental annual report in 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 corporate of the deliver 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 chapter or or in attachment with an address, with an other like empowered.