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 # P93000043611

1. Corporation Name

660 WEST HALLANDALE, INC.

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90043 040 ***150.00



Principal Plac	e of Business	Mailing A	ddress					* 10011		a terti maile			• • • • • •		
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							_ 3 .–De	te-Incor	porated o	or Qualife	ď				
							06	3/21/1	993						
2. Principal P	lace of Business	2a. Mailing	g Address	_			4. FE	Numb	er				Apr	lied For	
21	•	26	-				65	5-0419	069				Not	Applicable	
Suite, Apt.	#. etc.	 	Apt. #, etc.	_								\$8.	75 A	dditional	
22		27	,				5. Ce	ertifcate	of Status	Desired		F	ee Red	quired	
City & Stat	e ·	City &	State				e Fie	ection C	amnainn	Einancine	n	\$5	00	May Be	
	THE TOP 1970年	28					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees								
23 Zip	Country	Zip		Cov	intry						rrent year h				
	Maria Salaman	29		30	,				roperty		morn your n	☐ Yes		□No	
24	9. Name and Address of Current		nont	301	_						Registere	_=.			
	9. Name and Address of Current	registered P	(Agus	_	81 Na	me	10. 140	21110 0111	. ,,,,,,,,,	0 01 1101					
ΚΔΤ	Z, JOEL														
	51 SW 84TH STREET				82 Str	eet Addres	ss (P.O.	Box Nu	mber is i	Not Acce	otable)				
															
MIAI	MI FL 33173				83								-		
					84 Cit	,						85	Zip C	ode	
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11. Pursuant	to the provisions of Sections 607.0502	and 607.1508	B, Florida Statu	tes, the a	bove-nar	ned corpor	ation su	ıbmits th	is staten	ent for th	e purpose o	f changi	ng its i	registered	
office or o	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Suci	h change was a	uthorize	d by the C	orporation	's board	of direc	ctors. I he	ereby acc	ept the app	ointment	as reg	nstered	
agent. ra	anti lamillar with, and accept the obligate) 13 OI, 36CHO	11 007.0000, 1 K	niua Otal	u103.										
SIGNATURE	Signature, typed or printed name of registered agent a	and tale if applicable	in (NOTE	Registered	Apent signa	ture required w	vhen reinst	ating)	_		DATE				-
12.	OFFICERS AND	_		13.			ADI	DITIONS	/CHANG	ES TO C	FFICERS A	ND DIR	CTO	RS IN 12	Š
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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 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 a address, with all other like empowered.

SIGNATURE: