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

Sep 15, 1999 8:00 am Secretary of State

09-15-1999 90011 026 ***550.00

DOCUMENT # P93000055468

1. Corporation Name

INE BEN	AN AFFANEL & DESIGN,	IIIO.		/			
Principal Place of Business Mailing Address					i fäättän kin idida kitii nekii nekii nekii on	iai miint attit atesa i	#11#1 1#11 18B1
13955 NW 60 AVE 13955 NW 60 AVE MIAMI LAKES FL 33014 MIAMI LAKES FL 33014				DO NOT WINTE IN T	HC CDACE		
US US			 		DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualifed 08/06/1993		
Principal Place of Business Za. Mailing Address					4. FEI Number	<u> </u>	plied For
21 26					65-0433046		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75.A Fee Red	
27							
City & State City & State					6. Election Campaign Financing	\$5.00 t Added to	
23	ip Country Zip				Trust Fund Contribution		01663
Zip	Country	— ` <i>–</i>	Country	•	This corporation owes the current year Personal Property Tax.		□No
24 25 29 30 9. Name and Address of Current Registered Agent			<u> </u>		10. Name and Address of New Registere		
	9. Name and Address of Cur	elle registered Agent	81	Name	10.	<u> </u>	
Zurz, Tudor							
13955 NW 60 AVE			82	Street Addres	ss (P.O. Box Number is Not Acceptable)		
MIAMI LAKES FL 33014			83	1			
}	•		L				
			84	City	F	85 Zip C	ode
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.		AND DIRECTORS	13.	in agraciate requires	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	BEHAR, ISAAC		1.2 NAME				
STREET ADDRESS	13955 NW 60 AVE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL		1,4 CITY- S				
TITLE	Later 1 to 1		2.1 TITLE			☐ Change	☐ Addition
NAME	<u> </u>		2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP	404444444		2.4 CITY-	ST-ZIP			
TITLE			3.1 TITLE			☐ Change	Addition
NAME	BEHAR, STEVE 3.21		3.2 NAME	Ì			ì
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL		3.4. CITY- ST-ZIP				
TITLE	D □ DELETE 4		4.1 TITLE			Change	☐ Addition
NAME	BEHAR, ALAN		4. 2 NAME				
STREET ADDRESS	13955 NW 60 AVE		4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE	D	☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME	BEHAR, LAWRENCE		5.2 NAME	J			
STREET ADDRESS	13955 NW 60 AVE		5.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI LAKES FL		5.4 CITY- 5	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE	-		Change	Addition
NAME			6.2 NAME	į			ļ
STREET ADDRESS			6.3 STREE	T ADDRESS			,

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

ERECLUNCED