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 # P93000056731

ALICE G. HECTOR, P.A.

Principal Place of Business

200 SOUTH BISCAYNE BLVD.

SUITE 4000

Mailing Address

200 SOUTH BISCAYNE BLVD. SUITE 4000

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90059 003 ***150.00



MIAMI FL 33131	1.2998	MIAMI FL 33131-2398			DO NOT WRITE IN THIS SPACE	
MINIMIT I E QQIQI	. 2000				3. Date Incorporated or Qualifed	
					08/12/1993	
2. Principal Pl	ace of Business	2a. Mailing Address		~ ,	4, FEI Number Applied For	
21 Miami Center, Suite 1050 Suite, Apt. #, etc. 22 201 S. Riscayne Blvd. 27				<u></u>	65-0430603 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired , Fee Required	
22 201 S. Biscayne Blvd. 27 City & State			<u></u> —			
-		28)		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
²³ Miam	Feountry 140		Country		8. This corporation owes the current year Intangible	
24 331		29 30			Personal Property Tax. ☑ Yes □ No	
i 	9. Name and Address of Current		T		10. Name and Address of New Registered Agent	
			81	Name		
	HECTOR, ALICE G			82 Street Address (P.O. Box Number is Not Acceptable)		
200 S. BISCAYNE BLVD.				0.000		
SUITE 4000			83		•	
MIAMI FL 33131-2398			84	City	85 Zip Code	
			1	1	FL	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	e above	e-named o	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
oπice or re agent. I ai	egistered agent, or both, in the State of m familiar with, and accept the obligation	ens of, Section 607.0505, Florida S	tatutes		oration's board of directors. Thereby accept the appointment as regionales	
SIGNATURE	•					
	Signature, typed or printed name of registered agent a			it signature re	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AND		1 TITLE		Change Addition	
NAME I	D Hector, alice G		2 NAME	Ì		
-	200 S. BISCAYNE BLVD., SUITE			ADDRESS		
STREET ADDRESS	MIAMI FL 33131-2398		4 CITY-S			
CITY-ST-ZIP	1411-11 1 2 3 1 3 1 - 2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		1 TITLE	1-21	Change Addition	
NAME	•		2 NAME]		
STREET ADDRESS		2.	3 STREET	ADDRESS		
CITY-ST-ZIP		2.	4 CITY-S	T-ZIP		
TITLE		☐ DELETE 3.	1 TITLE		Change Addition	
NAME	"	3.	2 NAME	{		
STREET AODRESS		3.	3 STREET	ADDRESS		
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TITLE			.1 TITLE	Ì	☐ Change ☐ Addition	
NAME		4.	2 NAME		·	
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NAME				TADDRESS		
STREET ADDRESS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 °.	.5 3 INCE	י ישטעניט		

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 officer or director of the corporation or the receiver or trustee Block 12 or Block 13 if changed, or an attachment with in

SIGNATURE: