

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

0132901

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

DOCUMENT # **P93000064202**

1. Corporation Name
PRODUCT FINDERS, INC.

Principal Place of Business
**6043 N.W. 167TH STREET
SUITE A-2
HIALEAH FL 33015**

Mailing Address
**6043 N.W. 167TH STREET
SUITE A-2
HIALEAH FL 33015**

2. Principal Place of Business
21 **3352 SW 179 AVE**
Suite, Apt. #, etc.
22 **MIRAMAR**
City & State
23 **FLORIDA**
Zip Country
24 **33029** 25 **USA**

2a. Mailing Address
26 **3352 SW 179 AVE**
Suite, Apt. #, etc.
27 **MIRAMAR**
City & State
28 **FLORIDA**
Zip Country
29 **33029** 30 **USA**

9. Name and Address of Current Registered Agent

**AMERILAWYER, CHARTERED
343 ALMERIA AVE
CORAL GABLES FL 33134**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
**Spiegel & Utrera, P.A.
343 Almeria Avenue
Coral Gables FL**

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

3. Date Incorporated or Qualified
09/15/1993

4. FEI Number
65-0436972

5. Certificate of Status Desired ☐

6. Election Campaign Financing
Trust Fund Contribution ☐

8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE By: **Spiegel & Utrera, P.A.**
Signature typed or printed name of officer, director, or authorized agent

4/15/99
DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	SPERWER, ERIC F.E.
STREET ADDRESS	6475 N.W. 188TH STREET, #204
CITY-ST-ZIP	HIALEAH FL 33015
TITLE	TD <input type="checkbox"/> DELETE
NAME	SPERWER, LIGIA M
STREET ADDRESS	6475 N.W. 188TH STREET, #204
CITY-ST-ZIP	HIALEAH FL 33015
TITLE	S <input type="checkbox"/> DELETE
NAME	SPERWER, TANYA A
STREET ADDRESS	6475 N.W. 188TH STREET, #204
CITY-ST-ZIP	HIALEAH FL 33015
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

9000002862369--3
05/04/99--01087--003
******150.00 ****150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERIC SPERWER

04/18/99 (954) 438-6622

Date of Filing

CR2E034 (11/98)