**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P9300065540

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90210 013 \*\*\*150.00

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MARIA-T	rinavision, Inc.						
						BEN KANTA ANTAK BURAN BUKU B	ENRIL CON IREA
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Principal Place	e of Business	Mailing Address			T IMMAINME LIGH AMAINMA LITHER MAICH MHISH M	Rill Abita alles alsal etitl a	FIBII WWII 186)
751 EUCLID AV	VE	751 EUCLID AVE.					
SUITE 1 SUITE 1							
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139					DO NOT WRITE	IN THIS SPACE	
	•				3. Date Incorporated or Qualifed		Į
					09/21/1993		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		olied For
21		26			65-0442074		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired	\$8.75 A	
22	<u> </u>	27				Fee Rec	
City & Stat	te ·	City & State			6. Election Campaign Financing	<sub>¬</sub> \$5.00 ≀	
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current		
24	25		30		Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Reg	ISTEREU AYENT	
KAD	IAMANLAKIS, MARIA-TINA		01	Name			
1	EUCLID AVE.	•	82	Street Addre	ess (P.O. Box Number is Not Acceptable	)	
		•					
	TE 1		83	<b>'</b>			
MIAI	MI BEACH FL 33139		84	City		85 Zip C	ode
				,		<u> </u>	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the above	e-named corporation	oration submits this statement for the pur n's board of directors. I hereby accept the	pose of changing its i	registered
	registered agent, or both, in the State (	or Fioriga. Such change was aut				ic appointment as reg	
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statutes	3.	and bound of uncontrol of the cary accept to		-
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statutes	3.			
agent. I a SIGNATURE	am familiar with, and accept the obligat	nt and title if applicable.  (NOTE: F	da Statutes Registered Agei	int signature required	when reinstating)	DATE	
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CITY-ST-ZIP 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: 4