PROFIT **CORPORATION** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

## ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1999

## FILED Apr 28, 1999 8:00 am Secretary of State 04-28-1999 90010 042 \*\*\*150.00

| 1. Corporation   | MENT # P(  | 930000  | 066804   |  |   |         | # 1<br># 1      |  |                |                       |  |          |
|--|--|---|--|--|---|---------|-----------------|--|----------------|-----------------------|--|----------|
| Principal P ace  | e of Business  |   | Mailing Address  |  |   |         | • •             | BEITER IIM IMIRA eritt DARS              | A9111 E2:11 64 | *** *****             | ,,,,, , , , , , , , , , , , , , , , ,                      |          |
| 1111 LINCOLN   | ROAD   |   | 1111 LINCOLN ROAD  |  |   | 1       |                 |  |                |                       |  |          |
| 4TH FLOOR 4TH FLOOR  |  |   |  |  |   | İ       |                 | DO NOT WE                                | RITE IN TH     | IS SPACE              |  |          |
| MIAMI BEACH (  | FL 33139   |   | MIAMI BEACH FL 33139   |  |   | ŀ       | 3. Date in      | corporated or Qualife                    |                |                       |  | 7        |
|  |  |   |  |  |   | - 1     |                 | /1993                                    |                |                       |  | 1        |
| 2. Principal Pl  | lace of Business   |   | 2a. Mailing Address  |  |   |         | 4. FEI Ni       |  |                |                       | Apr lied For   | 1        |
| 21 600   |  | Street  | 26 600 NE  | 36th.  | Street  |         | 11-24           | 101717                                   |                |                       | Not Applicable   | ]        |
| Suite, Apt.  |  |   | Suite, Apt. #, etc.  |  |   |         |                 | ate of Status Desired                    |                |                       | Additional   |          |
| 22 Mia.m   | ii FL  |   | 27 Miami Fl  |  |   |         |                 |  |                |                       | Recipired  | -{       |
| City & State   |  | ا دا دا   | City & State   |  | نماریا ک  | .       |                 | n Campaign Financing<br>and Contribution | 9 🗆            |                       | O∷ntay Be =<br>d k: Fees                                   | '        |
| 23 33 13   |  | <u>d States</u>                                     | 28 33137<br>Zip  | Cour   | d State:  | <u></u> |                 | rporation owes the cu                    | rrent voor     |                       | U K 1 003  | ┨ .      |
| Zip  | Court  | шу  | · ·  | 30   |   |         |                 | al Property Tax.                         | итепи уелаг    | Yes                   | l <b>⊈</b> No  |          |
| 24   | 9. Name and Addr   | ress of Current                                     | 29<br>Registered Agent   | المور  |   |         |                 | and Address of New                       | Registere      | d Agent               |  | 1        |
|  |  |   |  |  | 1 Name  | 1       |                 | Mana-1                                   |                |                       |  |          |
|  | HANIC, ROY   |   |  | H  | B2 Street A   |         | s (P.O. Box     | W. Monard<br>Number is Not Acces         | table)         | -                     |  | 1        |
|  | I LINCOLN ROAD, 4  |   |  | Į.   | 600   |         | NE 3            | th Street                                |                |                       |  | 4        |
| AAIM!  | VII BEACH FL 33139   | }   |  | {  | B3 M.:  |         | E               | 32127                                    |                |                       |  |          |
|  |  |   |  | }  | B4 City   | Q.M.    | · , F =         |  |                | 85 Zi                 | p C xde  | 7        |
|  |  |   |  |  | 1 ′   |         |                 |  | F              |                       |  | 4        |
| 11. Pursuant   | to the provisions of Se<br>egistered agent, or bo<br>m familiar with, and ac | ctions 607.0502<br>h, in the State of               | and 607.1508, Florida Statu<br>Florida, Such change was                      | ites, the ab<br>authorized   | ove-named corpora   | rs tion | s board of a    | irectors. I hereby acc                   | epi the app    | ointment as           | reg stered   | 1        |
|  | / iment  | V. Mone   | ers/   |  |   |         |                 |  |                |                       |  |          |
| SIGNATURE  | Signature, typed or printed na   | No. Mana<br>ne of registered agent a                | and title trapplicable (NOT  | Registered A   | gent signature req  |         | hen remstaling) |  | DATE           |                       |  | 190      |
| SIGNATURE  | Signalura, typed or printed na   | V. Mone   | ind tide trapplicable (NOT DIRECTORS   | Registered /   | gent signature req  |         | hen remstaling) | INS/CHANGES TO C                         | DATE           |                       | TOI:S IN 12  |          |
| SIGNATURE 12.  | Signakure, typed or printed na   | No. Mana<br>ne of registered agent a                | and title trapplicable (NOT  | Registered A   | gent signature req  |         | hen remstaling) |  | DATE           | AND DIREC             | TOI:S IN 12  | 1.       |
| SIGNATURE  12.  TITLE  NAME  | Signahire, typed or printed na<br>DCEO<br>ROTH, ROBERT                       | W. Mong<br>ne of registered agent a<br>OFFICERS AND | Ind the Papplicable (NOT DIRECTORS   | Registered A<br>13.<br>1.1 TITI<br>1.2 NA  | gent signature req  |         | hen remstaling) |  | DATE           | AND DIREC             | TOI:S IN 12  | 2 1 1    |
| SIGNATURE  12.  TITLE  NAME  STREET ADDRE :S   | DCEO ROTH, ROBERT 1111 LINCOLN RE  | W. Mong<br>ne of registered agent a<br>OFFICERS AND | Ind the Papplicable (NOT DIRECTORS   | 13.<br>1.1 TITI<br>1.2 NAA<br>1.3 STR  | gont signature req<br>E   |         | hen remstaling) |  | DATE           | AND DIREC             | TOES IN 12<br>e ☐ Addition                                 | 00000    |
| SIGNATURE  12.  TITLE  NAME  | Signahire, typed or printed na<br>DCEO<br>ROTH, ROBERT                       | W. Mong<br>ne of registered agent a<br>OFFICERS AND | Ind the Papplicable (NOT DIRECTORS   | 13.<br>1.1 TITI<br>1.2 NAA<br>1.3 STR  | gent signature req<br>E<br>E<br>EET ADDRESS   |         | hen remstaling) |  | DATE           | AND DIREC             | TOES IN 12<br>e ☐ Addition                                 | 00000    |
| SIGNATURE  12. TITLE NAME STREET ADDRE :S CITY-ST-ZIP  | DCEO ROTH, ROBERT 1111 LINCOLN RE  | W. Mong<br>ne of registered agent a<br>OFFICERS AND | and the Papplicable (NOT DIRECTORS   | 13.<br>1.1 TIT<br>1.2 NAM<br>1.3 STR<br>1.4 CIT  | E E EET ADDRESS '-ST-ZIP E  |         | hen remstaling) |  | DATE           | AND DIREC             | TOES IN 12<br>e ☐ Addition                                 | 00000    |
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were this filing does not qualify for the exemption stated in Section 119,07 3(i). Florida Statutes. I further certify that the information report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an pelver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my name appears in fachment with an address, with all other like empowered. I hereby certify that the information indicated on this annual report officer or director of the corpor Block 12 or Block 13 if change

SIGNATURE:

Robert Roth