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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00 am Secretary of State

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1. Corporation MANDAL  Principal Place 2550 N.W. 72ND	A TOURS AND C	RUISES, IN			_						
SUITE 201	7.412		SUITE 201					DO NOT WRITE IN THE	S SPACE .		
MIAMI FL 33122	!		MIAMI FL 33122					3. Date incorporated or Qualifed	<del></del>	:	
US			US								
								11/22/1993	. 1 An	olied For	
2. Principal Pl	ace of Business		2a. Mailing Add	iress				4. FEI Number		Applicable	3
स			26					65-0451343	\$8.75 A		
Suite, Apt.	#, etc.	-	Suite, Apt.	#, etc.				5. Certificate of Status Desired	Fee Re		
22			27							·	
City & State	, <del></del>		City.&.State	e		····		R Election Campaign Financing	\$5.00 Added t		
23			28					Trust Fund Contribution		01800	:
Zip	Count	ry	Zip		Cour	itry		8. This corporation owes the current year in	ntangib <del>le</del> <b>⊠</b> .Yes	□No	
24	25		29		30			Personal Property Tex.			
• • • • • • • • • • • • • • • • • • • •	9. Name and Addr	ess of Current	Registered Agent	١				10. Name and Address of New Registered	3 Vitalir		
						81 Name	,	_			
	gen, Hilary South Hibiscus I	SLAND			ļ	82 Strae	Addre	sss (P.O. Box Number is Not Acceptable)			
	ALFL 33139-5130					83		10000000000000000000000000000000000000	4		
						84 City		F	2ip (		
1.1. Pursuant office or r	to the provisions of Se- egistered agent, or boll	ctions 607.0502 h, in the State o	and 607.1508, Flo f Florida, Such cha	orida Statute inge was st	ss, the at	ove-name by the con	d corpo poration	pration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered	
11. Pursuant office or r agent. I a SIGNATURE	Signature, typed or printed next		and the if applicable.  OIRECTORS	(NOTE:	Registered	Agent signature		oration submits this statement for the purpose on a board of directors. I hereby accept the appointment of the purpose of the appointment of the purpose of	ND DIRECTO	RS IN 12	11/98)
SIGNATURE	Signature, typed or printed next	na of registered agent	and the if applicable.  OIRECTORS		Registered	Agent signature		survey reinstating) DATE			4 (11/98)
SIGNATURE	Signatura, typed or printed name  D ICKOWICZ, LEON	ns of registered agent OFFICERS AND	and tipe if applicable.  DIRECTORS	(NOTE:	Registered	Ageril signaturi		survey reinstating) DATE	ND DIRECTO	RS IN 12	034 (11/98)
SIGNATURE 12. TITLE	Signatura, typed or printed name  D ICKOWICZ, LEON	ns of registered agent OFFICERS AND	and tipe if applicable.  DIRECTORS	(NOTE:	13. 1.1 TO	Ageril signaturi	) required	survey reinstating) DATE	ND DIRECTO	RS IN 12	2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	D ICKOWICZ, LEON 300 ARTHUR GOD	of registered agent OFFICERS AND E OFREY ROAD	and tipe if applicable.  DIRECTORS	(NOTE:	13. 11 TII 12 NA 13 ST	Agent signatur LE	) required	survey reinstating) DATE	NO DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signatura, typed or printed name  D ICKOWICZ, LEON	of registered agent OFFICERS AND E OFREY ROAD	and the if applicable.  DIRECTORS  STE. 208	(NOTE:	13. 11 TII 12 NA 13 ST	Agent signatur LE ME REET ADDRES TY-ST-ZIP	) required	survey reinstating) DATE	ND DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE  12. TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	D ICKOWICZ, LEON 300 ARTHUR GOD MIAMI BEACH FL	of registered agent OFFICERS AND E PEREY ROAD 33140	and the if applicable.  DIRECTORS  STE. 208	DELETE	13. 1.1 TO 1.2 NA 1.3 ST 1.4 CD	Agent signature LE ME REET ADORES Y-ST-ZIP	) required	survey reinstating) DATE	NO DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE  12.  TITLE  HAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	D ICKOWICZ, LEON 300 ARTHUR GOD MIAMI BEACH FL D ICKOWICZ, CLEID	of registered agent OFFICERS AND E PEREY ROAD 33140 E G	and the if applicable ) DIRECTORS  STE. 208	DELETE	13. 1.1 TI 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA	Agent signature LE ME REET ADORES Y-ST-ZIP	o required	survey reinstating) DATE	NO DIRECTO	RS IN 12	CR2E034 (11/98)
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	D ICKOWICZ, LEON 300 ARTHUR GOD MIAMI BEACH FL D ICKOWICZ, CLEID 300 ARTHUR GOD	E GOFFREY ROAD	and the if applicable ) DIRECTORS  STE. 208	DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CII 2.1 TII 2.2 NA 2.3 ST	Agent signature LE ME REET ADDRES TY-ST-ZIP LE ME	o required	sufrien relinatationg) DATE	ND DIRECTO ☐ Change ☐ Change	RS IN 12	CR2E034 (11/98)
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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 807. 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.

SI	G	N	Α	T	U	R	E

Teltauriff PERMINET TERMINET TOWN CZ MAL 03 - 1999

CEON SCKO W'CZ MAL 03 - 1999