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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Feb 18 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000083827 (4)

FACILIT	TIES INTERNATIONAL COR	PORATION		 		
Principal Plac	o of Bueinges	Mailing Address		i 100  00    00   0  0   4      0         0	/8:11 <b>3010</b> 1 1810 <del>1</del> 11101 10110 11011 1001 1001	
				1		
255 ALHAMBRA CIRCLE 255 ALHAMBRA CIRCI SUITE #1100 S-#1100						
CORAL GABL		CORAL GABLES FL 3313	4	DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualified		
				11/30/1993		
<u> </u>	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0476205	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State		<del>                                     </del>	Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	<del> </del>		
24	25	29	30	This corporation owes or has p     Personal Property Tax due Jun	<u> </u>	
	g. Name and Address of Curre		190	10. Name and Address of New R		
DADY, ROBERT E  B1 Name Philip F Rlumbons						
	O INTERNATIONAL PLACE		lip F. Blumberg	NA.		
100 SE SECOND STREET				Street Address (P.O. Box Number is Not Acceptable) 255 Albambra Circle S#1100		
	MI FL 33131		83	AMAGINETIC STATE	11/0	
****	WH 1 2 00 10 1					
				al Gables	FL   85   33134°	
11. Pursuant to the provision of Sections 607,0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered						
11. Pursuant to the provision 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 again 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 of the purpose of changing its regi						
1 // / // // / / / / / / / / / / / / /						
SIGNATURE	Signature, typed or synted page of registered by	entend titlig applicable. (NOTE	nilip F Blumb E: Regislered Agent signeture requir	red when reinstating)	2/2/98	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI		
TITLE	0	<b>₩</b> DELETE	1.1 TITLE		Change Addition	
NAME	DADY, ROBERT E		1.2 NAME			
STREET ADORESS	100 SE SECOND STEET #40	)00	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL.	Theiese	1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change Addition	
NAME	BLUMBERG, PHILIP	4400	2.2 NAME			
STREET ADDRESS	255 ALHAMBRA CIRCLE S#1	1100	2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	CORAL GABLES FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition	
			1		CT cusude CT vonition	
NAME CTOCCT ADDRESS			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME		C OCCLIO	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME		_	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME		<del></del>	6.2 NAME		· · · · ·	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
## I boroby o	ertify that the information supplied w	vith this filing does not qualify fo	v the everentian stated in	Section 119.07(3)(i), Florida Statutes.	further certify that the information	
indicated on this annual report of 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 corpor tion 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 chapter, or on an attachment with an address.						

Phillip F. Blumberg 2/2/98