PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # POROLOGISOMO

FILED Feb 20, 1999 8:00 am Secretary of State

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5		Maritime Addison				HOLITARI BITHA TOHIL	01010 (BH 1001
Principal Plac		Mailing Address					
1751 NE 162ND ST 1751 NE 162ND ST							
N MIAMI BCH FL 33162 N MIAMI BCH FL 33162					DO NOT WRITE IN THIS SPACE		
03					3. Date Incorporated or Qualifed		
					12/13/1993		1
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	TAn	plied For
	idoo di Eddinoga	26			65-0455627	— —	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc					Additional
22					5. Certificate of Status Desired	Fee Re	
City & State City & State			 -		6. Election Campaign Financing	\$5.00	May Bo
23)					Trust Fund Contribution	Added 1	- 1
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year		
24	25	29	30	,	Personal Property Tax.	K Yes	□No
	9. Name and Address of Curre		100	Γ	10. Name and Address of New Registere		
				81 Name			
KRA	Mer, andrew L						
3511 W. COMMERCIAL BLVD.				82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
SUITE 402				83			
FT.	LAUDERDALE FL 33309						
				84 City	· F	85 Zip (Code
44 0		-00 - 1 007 4500 Florida	 				rogistared
office or r	egistered agent, or both, in the State	e of Florida. Such change w	vas authorized	by the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	pointment as re	gistered
agent, i a	m familiar with, and accept the oblig	gations of, Section 607.0505	5, Florida Stat	utes.			
SIGNATURE					ired when reinstating) DATE		}
12.	Signature, typed or printed name of registered ag	gent and title if applicable.		Agent signature requi	ired when reinstating) DATE		
12.		NO DIDECTORS	12		ADDITIONS/CHANGES TO DESICERS	AND DIRECTO	PS IN 12
TITL C		NO DIRECTORS	13.	n s	ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	ND DIRECTORS	Ē 1.1 ΤΙ	ĺ	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
NAME	D KAPLAN, JOSH		1.1 TI 1.2 N/	WE	ADDITIONS/CHANGES TO OFFICERS		
NAME STREET ADDRESS	D Kaplan, Josh 1751 ne 162nd St		1.1 TI 1.2 N/ 1.3 ST	TREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS		
NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, JOSH	☐ DÈLET	1.1 TI 1.2 N/ 1.3 SI 1.4 CI	TREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	D Kaplan, Josh 1751 ne 162nd St		1.1 TI 12 NV 1.3 SI 1.4 CI E 2.1 TI	REET ADDRESS TY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS		
NAME STREET ADDRESS CITY-ST-ZIP	D Kaplan, Josh 1751 ne 162nd St	☐ DÈLET	E 1.1 TI 1.2 NV 1.3 SI 1.4 CI E 2.1 TI 2.2 NV	TREET ADDRESS TY-ST-ZIP TLE	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	D Kaplan, Josh 1751 ne 162nd St	☐ DÈLET	E 1.1 TI 1.2 NV 1.3 SI 1.4 CI E 2.1 TI 2.2 NV	REET ADDRESS TY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D Kaplan, Josh 1751 ne 162nd St	☐ DELET	TE 1.1 TT 1.2 NV 1.3 S1 1.4 CI 2.1 TT 2.2 NV 2.3 S1 2.4 CC	ME REET ADDRESS TY-ST-ZIP TLE REET ADDRESS TTY-ST-ZIP		☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D Kaplan, Josh 1751 ne 162nd St	☐ DELET	TE 1.1 TT 1.2 NV 1.3 S1 1.4 CI 1.7 TE 2.2 NV 2.3 S1 7.4 CE 3.1 TT 3.2 NV 3.2 NV 1.5 TE 3.5 TE	ME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP		☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D Kaplan, Josh 1751 ne 162nd St	☐ DELET	TE 1.1 TT 1.2 NV 1.3 ST 1.4 CI 1.7 TE 2.1 TT 2.2 NV 2.3 ST 2.4 C	ME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE MME REET ADDRESS ITY-ST-ZIP		☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D Kaplan, Josh 1751 ne 162nd St	☐ DELET	TE 1.1 TT 12 NV 1.3 S1 1.4 CI 12 NV 2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1 3.4 C TE 4.1 TT 4.2 N 4.3 S1 4.4 CI 1.5 TE 4.5 TE 4.5 TE 4.4 CI 1.5 TE 4.5 TE 4	ME REET ADDRESS TY- ST-ZIP TLE ME REET ADDRESS TY- ST-ZIP TLE AME REET ADDRESS TY- ST-ZIP TLE AME REET ADDRESS TY- ST-ZIP TLE REET ADDRESS		☐ Change ☐ Change ☐ Change	Addition Addition Addition
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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 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: