PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 P9400001951

1. Corporation Name

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90043 026 ***150.00

STTB, INC.					(Jedanski)je jajih dram kami šelih demi domi i	(8)8) (\$8(8 (A))	EL CRIOT NIPI (CO)		
Principal Place	e of Business	M	ailing Address					/E1E1 11910 1911	
12706 S.W. 95TH COURT 12706 S.W. 95TH COURT									
MIAMI FL MIAMI FL							DO NOT WRITE IN THIS SPACE		
ı							3. Date Incorporated or Qualifed		
							01/10/1994		
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number	\vdash	pplied For
21			26				65-0458284		lot Applicable Additional
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	-	Required
22 City & State			27 City & State				6 Election Campaign Financing	<u>. </u>	May Be
23			28				Trust Fund Contribution		to Fees
Zip	Country	1,	Zip	Cou	ntry	,	8. This corporation owes the current year Inter-		/
24		29		30			Personal Property Tax.	Yes	1⊠No
	9. Name and Address of Current	Regis	tered Agent		81	Marra	10. Name and Address of New Registered	Agent	
BAKER, WILLIAM S					81	Name	<u> </u>		
12706 S.W. 95TH COURT				82	Street Addr	ess (P.O. Box Number is Not Acceptable)			
MIAMI FL			83						
· · · · · · · · · · · · · · · · · · ·					L			T1	0.1
					84	City	FL	. 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statu	tes, the a	bov	e-named corp	oration submits this statement for the purpose of	changing it	s registered
11. Pursuant to the provisions 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 agent, 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 with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE									
OIGITATORE	Signature, typed or printed name of registered agent		···········	<u> </u>	Ager	nt signature require	d when reinslating) DATE	ID OIDEOT	ODC IN 12
12.	OFFICERS AND	DIRE	ECTORS DELETE	13.	TI E		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	D BAVED MILLIAM C		☐ DEFEIG	1.1 TT 1.2 N/			,		
NAME:	BAKER, WILLIAM S 12706 S.W. 95TH COURT					T ADDRESS			
STREET ADORESS	MIAMI FL 33176					T-ZIP			
CITY-ST-ZIP.	MINIMITE 35170		☐ DELETE	2.1 TI	_	71-21		Change	Addition
NAME			,	2.2 N					
STREET ADDRESS				2.3 81	TREE	TADDRESS			
CITY-ST-ZIP,				2.40	ITY-S	ST-ZIP			
TILE			☐ DELETE	3.1,77	TLE_			Change	Addition:
NAME				3.2 N	AME				
STREET ADDRESS				3.3 ST	TRÉE	TADORESS			
CITY+ST-Z)P.						ST-ZIP	<u> </u>	Chanar	e Addition
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NAME				4. 2 N					
STREET ADDRESS						TADDRESS			
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TITLE			₩ DELETE	5.1 II 5.2 N				ب سام	
NAME						TADORESS		•	
STREET ADORESS						T-ZIP			
CITY-ST-ZIP.			☐ DELETE	6.1 TI				☐ Change	Addition
NAME				6.2 N	AME) <i>,</i>			
STREET ADDRESS	1			6.3 \$	TREE	TADDRESS			
	1								

14. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5. Baker 3.1

505-257-5552 Daytime Phone #