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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000013016

| red so | OUND INDUSTRIES, INC. | | | | | | |
|--|--|---|--|--|--|---------------------------------------|------------------------------|
| Principal Place | e of Business | Mailing Address | | | - \$ 100\$100£110 £01£1 01\$11 80117 03111 B | 148 | |
| 5401 NW 72 AV | VE. | 5401 NW 72 AVE. | | | 1 | | |
| UNIT 15 UNIT 15 | | | | | | | |
| MIAMI FL 33166 MIAMI FL 33166 | | | | | DO NOT WRITE IN THE | HIS SPACE | |
| US | | US | | | 3. Date Incorporated or Qualifed | • | |
| | | | | | 02/14/1994 | 11. | |
| 2. Principal Place of Business 2a. Mailing Address | | | | 4. FEI Number | | plied For | |
| 21 | | 26 | | | 65-0469734 | | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 A | I |
| 22 | | 27 | | | , | | · |
| City & Stat | te . | City & State | | | 6. Election Campaign Financing | \$5.00 | |
| 23 | | 28 | O | | Trust Fund Contribution | Added to | o rees |
| Zip | Country | Zip | Country | 1 | 8. This corporation owes the current year | | □No |
| 24 | 25 | 29 | 30 | | Personal Property Tax. 10. Name and Address of New Register | | |
| | 9. Name and Address of Cur | rrent Registered Agent | 81 | Name | 10. Name and Address of New Register | en Agent | |
| 8FN | -DAVID, MIKE | | " | 110 | | | |
| | NW 72 AVE | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | |
| UNIT 15 | | | 02 | 83 | | | |
| | MI FL 33166 | | 63 | ' | | | 進計 猛士 |
| IVIDA | 1 2 30 100 | | 84 | City | The second secon | 85 Zíp C | Code |
| × 10 | | | | | | <u> </u> | |
| ` office or r | registered agent, or both, in the Sta | ate of Florida. Such change was a | luthorized by | the corporati | poration submits this statement for the purpose ion's board of directors. I hereby accept the ap | e or cnanging its pointment as req | gistered |
| agent. I a | im familiar with, and accept the ob | iligations of, Section 607.0505, Fig | orida Statutes | 5. | | | ļ |
| agent.1 a | | oligations of, Section 607.0505, Fig | orida Statutes | 3 . | · | | · . |
| agent. I a | Signature, typed or printed name of registered | agent and title if applicable. (NOTE | erida Statutes E: Registered Age | 3. | ed when reinstating) | | |
| agent. 1 a SIGNATURE 12. | Signature, typed or printed name of registered OFFICERS | agent and title if applicable. (NOTE | :: Registered Age | 3. | ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | |
| agent. I a | Signature, typed or printed name of registered OFFICERS | agent and title if applicable. (NOTE | Registered Age 13. 1.1 TITLE | 3. | ed when reinstating) | | RS IN 12 |
| agent. 1 a SIGNATURE 12. | Signature, typed or printed name of registered OFFICERS PD BEN-DAVID, MIKE | agent and title if applicable. (NOTE | :: Registered Age 13. 1.1 TFILE 1.2 NAME | 5. nt signature require | ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered OFFICERS PD BEN-DAVID, MIKE 5401 NW 72ND AVE. | agent and title if applicable. (NOTE | :: Registered Age 13. 1.1 TFILE 1.2 NAME | 3. | ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered OFFICERS PD BEN-DAVID, MIKE 5401 NW 72ND AVE. MIAMI FL | agent and tille if applicable. (NOTE AND DIRECTORS DELETE | :: Registered Age 13. 1.1 TFILE 1.2 NAME | ont signature require | ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | ☐ Addition |
| agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered OFFICERS PD BEN-DAVID, MIKE 5401 NW 72ND AVE. MIAMI FL VD | agent and title if applicable. (NOTE | : Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE | ont signature require | ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | |
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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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS



FILED

Feb 09, 1999 8:00am

Secretary of State 02-09-1999 90015 006 ***150.00