Mar 04, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000013825

1. Corporation Name

SNOWBII	rds international rea	LTY, INC.							
Principal Place	of Rusiness	Mailing Address				-	i edili velili edil		1116 11361 OHH 1001
100 BAYVIEW DRIVE 100 BAYVIEW DRIVE SUITE 717 SUITE 717									
MIAMI FL 33160 MIAMI FL 33160						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualif	ed		
						02/18/1994			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0576891			Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.						\$8.7	5 Additional
22		27				5. Certifcate of Status Desired		. Fee	Required
City & State	e	City & State				6. Election Campaign Financir	9 🗆	\$5.0	May Be
23		28				Trust Fund Contribution	'y 🗆		ed to Fees
Žip	Country	Zip	Cou	ntry		8. This corporation owes the o	urrent year Ir	ntangible	
24	25	29	30			Personal Property Tax.		Yes	□No
,	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of Ne	w Registered	d Agent	
FEDE	ED LAWDENCE II			81 1	Name				
	ER, LAWRENCE H			82 5	Street Addre	ss (P.O. Box Number is Not Acce	ptable)		
	HOLLYWOOD BLVD.								
	E 401			83					
HOLL	LYWOOD FL 33020			84 (City			85 Z	ip Code
	to the provisions of Sections 607.05			li	•		FI	_ , ,	
	egistered agent, or both, in the State	-4 Florida, Cuah ahanna was	authorizad			a's heard of directors. I hereby ac	cept the appo	ointment as	registered
agent. 1 ar SIGNATURE	m familiar with, and accept the obligation	ations of, Section 607.0505, Fi	orida Stati	utes.	, _		•	<u>-</u> -	
agent. I ar	m familiar with, and accept the obliging	ations of, Section 607,0505, Filent and title if applicable. (NOT	E: Registered	utes.	e corporation	when reinstating)	DATE		
agent. I ar SIGNATURE	m familiar with, and accept the obligations of registered age OFFICERS AI	ations of, Section 607.0505, File ant and title if applicable. (NOT ND DIRECTORS	E: Registered	Agent sk	, _		DATE	ND DIREC	TORS IN 12
agent. I ar SIGNATURE 12.	m familiar with, and accept the oblig: Signature, typed or printed name of registered age OFFICERS AF	ations of, Section 607,0505, Filent and title if applicable. (NOT	E: Registered 13.	Agent sk	, _	when reinstating)	DATE		TORS IN 12
agent. I ar SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AT P STERN, MICHAEL	ations of, Section 607.0505, File ant and title if applicable. (NOT ND DIRECTORS	E: Registered 13. 1.1 TII	Agent signal	ignature required	when reinstating)	DATE	ND DIREC	TORS IN 12
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agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT P STERN, MICHAEL	ations of, Section 607.0505, Filent and title if applicable. (NOT ND DIRECTORS	E: Registered 13. 1.1 TH 1.2 NA 1.3 ST 1.4 CF	Agent significant	gnature required	when reinstating)	DATE	ND DIREC	TORS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE: Y

CITY-ST-ZIP

MING OFFICER OR DIRECTOR