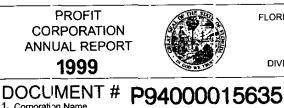
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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARITMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90049 002 \*\*\*150.00

THE HIS	TORIC CUMPANIES, INC.						
Principal Place	a of Rusiness	Mailing Address			-	IN I HINDA BAHIN DILBA	H (01 01) 1801
,		<u>.</u>					
640 OCEAN DRIVE MIAMI BEACH FL 33139		640 OCEAN DRIVE MIAMI BEACH FL 33139			DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed		
					02/25/1994		
2 Principal P	and of Rusiness	2a. Mailing Address			4. FEI Number	Ap	pl ed For
2. Principal Place of Business		<del>                                     </del>			13-3763180	Not Applicable	
Suite, Art. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional		_——
22		27			5. Certificate of Status Desired	Fee Re	quired
City & State	e	City & State			6. Electior Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added t	
Zip	Coun ry	Zip	Country		8. This corporation owes the current year	Intangible	
24	25	29	30		Person at Property Tax.	☐ Yes	[]No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	Agent	
			81 Na	ame			
LEVINSON, EDWARD E ESQ. 407 LINCOLN ROAD			<b>82</b> St	reet Addre	ess (P.O. Box Number is Not Acceptable)		
PH - SE			83				
MIAMI BEACH FL 33139			63				
1916741	III DENOTI I E GO 100		<b>84</b> Ci	ity	F	85 Zip (	Code
office or r	egistered agent, or bo h, in the State m familiar with, and accept the oblig	e of Florida. Such change was at lations of, Section 607.0505, Flor	ithorized by the ida Statutes.	corpore uc	oration submits this statement for the purpose in s board of cirectors. I hereby accept the appropriate the statement of the purpose in section in the purpose of the purpo	of changing its pointment as re	n∌gistered gistered
42	Signature, typed or printed naine of registered ag	ent and title if applicable (NOT : NE) DIRECTORS	Registered Agent sign	ature required	ADDITIONS/CHANGES TO OFFICERS	ND DIRECTO	F.S IN 12
12.	DP OFFICERS A	DELETE	1,1 TITLE			Change	Addition
	GOLDMAN, R. ANTHONY		1.2 NAME				
NAME STREET ADORESS	640 OCEAN DRIVE		13 STREET ADDRESS				
	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	S	☐ DELETE	2.1 TITLE			Change	Addition
		<u> </u>	2.2 NAME				
NAME STREET ADDRESS	GOLDMAN, JANET 640 OCEAN DRIVE		2.3 STREET ADDRESS				
	MIAMI BEACH FL 33139		2. 4 CITY-ST-ZIP				
CITY-ST-ZIP TITLE	MINIMI DEVOLLE 20193	DELETE	31 TITLE			Change	Addition
NAME	}		3.2 NAME				
STREET ADDRESS			3.3 STREET ADD	RESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIF				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			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 ADDR :SS			5.3 STREET ADD	RESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	, ]			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADD	DRESS			
J SINCE I ADDRESS		_	CACITY OF 7ID	1			

C/TY-ST-ZIP 14. There'sy 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 if 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 change 1, or on an attachment with private and the like empowered.

SIGNATURE: X

SIGNA TURE AND TYPED OF PRINTED NAME OF SIGNING OFFIC IR OR DIRECTOR