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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90136 008 ***158.75

i. Corporation	MENT # P94000 ROUITIES CORP.	016797							
Principal Place	of Business	Mailing Address				i immilmet ita tatii ait			3(II (881 1981
2 S BISCAYNE	RI VD	2 S BISCAYNE BLVD							
SUITE 1800		SUITE 1800							
MIAMI FL 33130		MIAMI FL 33131				DO NOT WRITE IN THIS SPACE			
US		US				ate Incorporated or 0	Qualifed		
						2/28/1994			
2. Principal PI	ace of Business	2a. Mailing Address				4. FEI Number			lied For
21		26			6	5-0482956		\$8.75 A	Applicable
Suite, Act.	#, etc.	Suite, Apt. #, etc.			5. Ce	ertifcate of Status De	esired 🗹	Fee Rec	
22		City & State							
City & State	e	City & State				ection Campaign Fir ust Fund Contributio	-	\$5.00 to Added to	
23 Zip				······································		This corporation owes the current year intangible			
24	25	29	Counti	,		ersor al Property Tax	_	Yes	□No
	9. Name and Address of Curren	. 	130				of New Registers d	Agent	
LOPEZ, EDUARDO F C/O MULTIPLAN USA TWO SO. BISCAYNE BLVD., STE 1800					ael A. Address (P.O. Outh Bi		Acceptable) Tevard, Sui	te 180)
	Al FL 33131 to the provisions of Sections 607.050.		8	Mia	mi,		FL	85 Zip C	
office or re agent. I ad SIGNATUF:E	egistered agent, or bcth, in the State in familiar with, and accept the obligation of the state in the State	of Florida. Such change was a tions of, Section 607.0505, Flo	uthorized b rida Statute	y the corpo	or ation's poard	tating)	7-1	79	——
12.	P OFFICERS AN	DELETE	13. 11 TITLE			JITI JNS/CHANGE	TO OTTIOERS AN	☐ Change	Addition
TITLE	PERES, JOSE I	- Detter		1.2 NAME				_ ,	_
NAME				1.3 STREET ADDRESS					
STREET ADDRESS	50 LA GORCE CIRCLE			1.4 CITY-ST-ZIP					
CITY-ST-ZIP	MIAMI BEACH FL	☐ DELETE	2.1 TITLE				····	Change	Addition
TITLE	I DOMESTIC AND A	C OCCEPTE	1	1					_
NAME	ROMERO, LUIS A			2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	551 FIFTH AVENUE								
CITY-ST-ZIP	NEW YORK NY	DELETE		2. 4 CITY-ST-ZIP				Change	Addition
TITLE	ADMES MADSELLO	_ OCCETE	B	3.1 THE					_
NAME	BARNES, MARCELLO								
STREET ADDR! SS	50 LA GURCE CIRCLE			3 3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL	☐ DELETE		34 CITY-ST-ZIP				Change	Addition
TITLE	S LODEZ EDUADDO E	_ beccit	•	4. 2 NAME				_ ,	_
NAME	LOPEZ, EDUARDO F			4. 2 NAME 4.3 STREET ADDRESS					
STREET ADDRESS	551 FIFTH AVENUE								
CITY-ST-ZIP	NEW YORK NY			5.1 TITLE				Change	X Addition
TITLE		DOCKETE				, ALEX A			
NAME				ET ADDRESS			BOULEVARD,	CHITE	1800
STREET ADDRESS			5.4 CITY	ľ			BUULEVAKU,	JOILE	1000
CITY-ST-ZIP			6.1 TITLE			Fl <u>33131</u>		Change	X Addition
TITLE		□ nere(e	6.2 NAME		VP.	0 0101		5.101195	W 1
NAME			4			C, RICARDO			
STREET ADDRIESS			0.3 STRE	ET ADDRESS	2 SOUT	H BISCAYNE	BOULEVARD,	SUITE	1800

14. I hereily certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further sertify 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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR