Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90206 028 ***150.00

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**

DOCUMENT # P94000019220

1. Corporation Name

WIND &	RAIN, INC.							
							F	[
Principal Place	of Business	M	ailing Address					
1617 TIGERTRA	IL AVE	16	17 TIGERTRAIL AVE					
SUITE 203			IFTE 203					
COCONUT GRO	WE FL 33133		OCONUT GROVE FL 3313	33		DO NOT WRITE	IN THIS SPACE	:
US		US	i			3. Date Incorporated or Qualifed		
						03/11/1994		
2. Principal Pl	ace of Business	2a.	Mailing Address			4. FEI Number		Applied For
21		26				65-0505350		Not Applicable
Suite, Apt. i	#, etc.	L.,	Suite, Apt. #, etc.			5. Certifcate of Status Desired		75 Additional e Required
22		27						
City & State	e	\perp	City & State			6. Election Campaign Financing		.00 May Be
23		28				Trust Fund Contribution		ded to Fees
Zip	Country		Zip	Country		8. This corporation owes the current	·	
24	25	29		30		Personal Property Tax.	<u> </u>	□No □
	9. Name and Address of Current	Regis	tered Agent			10. Name and Address of New Reg	istered Agent	
L/AIC*	TEMOU DETED C			81	Name	ALL RIVLIN		
KNEZEVICH, PETER S			82	Street Addre	sec (P.O. Boy Number is Not Acceptable	<u> </u>		
2842 W. TRADE AVE.			L	1550	MADIZUGA AVEN	ue_		
MIAMI FL 33133				83	. م	-7 12 12		
				84	City	15 120	85	Zip Code
				•	LOC	AL GABIES	FL 🖭	33146
11. Pursuant i	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statut	es, the above	a-named corno	pration submits this statement for the pur	pose of changing	g its registered
office or re	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Floric	da. Such change was a	utnorized by	tne corporation	n's board of directors. I hereby accept the	e appointment	as registered
_	m familiar with, and accept the obligation	ons or	, 5600011 007.0000, 1 10	noa Olaldica	,	フ	123/99	ļ
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg					it signature required	when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS IN 12
TITLE	DPST		☐ DELETE	1.1 TITLE			☐ Cha	ange 🗌 Addition
NAME	PARRISH, ANTHONY R JR.			1.2 NAME				ļ
STREET ADDRESS	1617 TIGERTRAIL AVE			40070555	ADDRESS			
	COCONUT GROVE FL 33133			1.3 STREET				į
CITY-ST-ZIP TITLE								2
11100	COCONOT GROVE TE GOTGO		□ DELETE	1.4 CITY-S			☐ Cha	ange
NAME	GOOGNOT GITOTE TE GOTGO		DELETE	1.4 CITY-S' 2.1 TITLE			☐ Cha	ange
NAME	OCCUPATION TO THE COLUMN		☐ DELETE	1.4 CITY-S' 2.1 TITLE 2.2 NAME	T-ZIP		□ Cha	ange
STREET ADDRESS	OCCONCT UNIVERSE CONTRACTOR		☐ DELETE	1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET	T-ZIP		□ Cha	ange ☐ Addition
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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, no an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP