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 CF CORPORATIONS

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

04-29-1999 90191 033 ***150.00

DOCUN 1. Corpo ation TCA 94-F		027088							
Principal Place				i 188418an isa tatin dibin bains da		ili tibil imali bala			
601 BRICKIELL KEY DR SUITE 605 SOS MIAMI FL 33131		Mailing Address 601 BRICKELL KEY DR SUITE-695- 505 MIAMI FL 33131				DO NOT WRI	TE IN TH	IIS SPACE	·
						Date Incorporated or Qualifed			
						<u>)4/08/1994</u>			
2. Principal Place of Business		2a. Mailing Address				EI Number			plied For
21		26				65-0485 0 94			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. 0	Certificate of Status Desired		\$8.75 .	equired (
22		City 9 Ctato	City & State						
City & State	9					Election Campaign Financing rust Fund Contribution			May Be o Fees
			Country		 -	This corporation owes the curr	ont year		.01.000
Zip	Country	<u> </u>	30		1 .	rnis corporation owes the curr Personal Property Tax.	en year	Yes	□No
24	9. Name and Address of Current	29 Pagistered Agent	30			Name and Address of New F	Registere		
	5. Name and Address of Current	- Registered Agent	81	Name					
SAICHEK, LAWRENCE A 601 BRICKELL KEY DR				Street Add	dress (P.0	D. Bcx Number is Not Accepta	able)		
	E.605 SOS		83		·	,			
MIAMI FL 33131				<u> </u>					
			84	City			F	85 Zip	Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State of familiar with, and accept the obligations of Signature, typed or profiled name of registered ager	of Florida. Such change was a ions of, Section 607.0505, Flo	uthorized by	the corpo at	tion's boa	ird of directors. I hereby acce	purpose of the app	of changing its pointment as re	registered
12,	OFFICERS AN		13.			DDITIONS/CHANGES TO OF	FICERS	AND DIRECTO	ORS IN 12
TITLE	DPVS DELETE 1.		1.1 TITLE					Change	☐ Addition
NAME	RUWITCH, LEE		1.2 NAME	1.2 NAME					
STREET ADDRESS	THE PROJECT WELL DO OFFEE AND		1.3 STREE	1.3 STREET ADDRESS					
CITY-ST-ZIP			1.4 CITY-ST-ZIP						
TITLE	T DELETE		2.1 TITLE	2.1 TITLE				☐ Change	☐ Addition
NAME	RUWITCH, ROBERT		2.2 NAME						ł
STREET ADDR ESS				TADDRESS					
CITY-ST-ZIP	MIAMI FL 33131		2. 4 CITY-5	ST-ZIP					
TITLE			3.1 TITLE					Change	☐ Addition
NAME	·-		3.2 NAME						
STREET ADDRESS	AND THE PROPERTY OF THE PROPER		3.3 STREE	T ADDRESS					ì
CITY-ST-ZIP	MIAMI FL		3.4 CITY-5	ST-ZIP					
TITLE			4.1 TITLE	T				Change	☐ Addition
NAME			4. 2 NAME	ľ					Ì
STREET ADDRI:SS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	<u> </u>			<u>_</u>	
TITLE	DELETE		51 TITLE	T				☐ Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS					
CITY-ST-ZIP			5.4 CITY-S	1-2P					
TITLE		☐ PELETE	6.1 TITLE					Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			63 STREE	TADORESS					l

14. Therefy 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 of 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.

SIGNATURE:

SIGNAT JRE AND TYPED OR PRINTED MAJE OF SIGNING OFFICE & OR DIRECTO

4-20-99 305-511390Z

CR2E034 (11/98