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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 17, 1999 8:00am **Secretary of State**

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1 11/15			·		
Principal Plac	ce of Business	Mailing Address			
28 WEST FLAC	GIER ST	28 WEST FLAGLER ST			
11TH FLOOR		11TH FLOOR			
MIAMI FL 3313	30	MIAMI FL 33126		DO NOT WRITE IN THIS SPACE 18 11 11 11 11 11 11 11 11 11 11 11 11	7
59		US		04/21/1994	
2. Frincipal F	lace of Business	2a. Mailing Address		4. FEI Number] .
21 🔠 🗓 🏗		26		65-0482999	١.
Suite, Apt.	!'#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	
City & Star		City & State		7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	1
23		28		6. Election Campaign Financing 35.00 May Be Trust Fund Contribution Added to Fees	
Zip i i	Country	Zip	Country	8. This corporation owes the current year Intangible	1
24	25	29	30	Personal Property,Tax.	
1 144 4 4		rrent Registered Agent		10. Name and Address of New Registered Agent]
	LDIDA BARENT D		81 Name	in the second se	
	APIRO, ROBERT D		82 Street Ade	dress (P.O. Box Number is Not Acceptable)	1
	WEST FLAGLER ST H FLOOR			19.	4
	MI FL 33130		83		
14.			84 City	85 Zin Code	1
44 Dureirant	to the provisions of Sections 607	0502 and 607 1508 Florida Statute	s the above-named cor	rporation submits this statement for the purpose of changing is registered	-
office or	registered agent, or both, in the St	tate of Florida. Such change was au	thorized by the corpora	rporation submits this statement for the purpose of changing is redistered attoris board of directors. I hereby accept the appointment as expected in	
		-litions of Costion 607 NEOE Flori	de Clatutos	第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	
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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 frue 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 conforation or the receiver or frustee 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR