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 # P94000033713

. Corporation Name

Principal Place of Business	Mailing Address	
13 S.W. 7TH STREET Miami FL 33130	13 S.W. 7TH STREET Miami Fl 33130	
2. Principal Place of Business	2a. Mailing Address	
<u> </u>	2a. Mailing Address	
<u> </u>	— "	
Suite, Apt. #, etc.	26	
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	

9. Name and Address of Current Registered Agent

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90080 003 ***150.00



Applied For Not Applicable

\$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

☐ Yes

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified

05/02/1994 4. FEI Number

65-0534669

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

MICHAEL LATTERNER & ASSOCIATES 13 S.W. 7TH STREET MIAMI FL 33130	82 Street	Address (P.O. Box Number is Not Acceptable)
	84 City	FL 85 Zip Code
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. 	utnorized by the corp	d corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature	required when reinstating) DATE
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE POST DELETE	1.1 TITLE	Change Addition
NAME LATTERNER, MICHAEL	1.2 NAME	1
STREET ADDRESS 13 S.W. 7TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33130	1.4 CITY-ST-ZIP	
TITLE VP DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME ROSEN. WAYNE	2.2 NAME	
STREET ADDRESS 441 VALENCIA AVENUE #703	2.3 STREET ADDRESS	3
CITY-ST-ZIP CORAL GABLES FL 33134	2. 4 CITY-ST-ZIP	
TITLE DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	3.2 NAME	
STREET ADDRESS	3 3 STREET ADDRESS	8
CITY-ST-ZIP	3.4. CITY-ST-ZIP	
TITLE DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	4. 2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	6
CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	6
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRES	s
CITY-ST-7IP	6.4 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for indicated on this annual report or supplemental annual report is true and accurate.	the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information

81 Name

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 empoyed 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 an attachment with an address with an other like empowered.

SIGNATURE

STURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

19 305 372/24 Daytime Phone #

32E034 (11/98)