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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000040213

1. Corporation Name
3651 N.W. 79 AVE. CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3651 NW 79 AVENUE, MIAMI FL 33166, US
Mailing Address: 3651 NW 79 AVENUE, MIAMI FL 33166, US

3. Date Incorporated or Qualified: 05/27/1994

2. Principal Place of Business (21) and Mailing Address (2a) fields.

4. FEI Number: 65-0499994

Suite, Apt. #, etc. (22) and Mailing Address (2a) fields.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State (23) and Mailing Address (2a) fields.

6. Election Campaign Financing: \$5.00 May Be Added to Fees

Zip (24), Country (25) and Mailing Address (2a) fields.

8. This corporation owes the current year Intangible Personal Property Tax: Yes

9. Name and Address of Current Registered Agent

B & C CORPORATE SERVICES, INC.
201 S. BISCAYNE BOULEVARD
SUITE 3000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

Table with columns for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox. Includes entries for ZELCER, ISAAC and ZELCER, LEYA.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with columns for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Change and Addition.

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, or on an attachment with an address with all other like empowered.

SIGNATURE:

Handwritten signature: Heo...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

(305) 594-4455

Date

Day/Phone #

CR2E034 (1/98)