PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400040274

Principal Place of Business	Mailing Address
2350 SOUTH DIXIE HWY.	9350 SOUTH DIXIE HWY.
SUITE 900	SUITE 900
MIAMI, FL 33156	MIAMI, FL 33156
2. Principal Place of Business	2a. Mailing Address
•	
	Suite Ant # etc
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite, Apt. #, etc. City & State	

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90049 020 ***150.00



DO NOT WRITE IN THIS SPACE

•					05/27/1994			•	
2. Principal F	Principal Place of Business 2a. Mailing Address				4. FEI Number	. Ap	plied For		
21		26			65-0539021			t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Addition				
22		27			Fee Required				
City & Star	te ,	City & State			6. Election Campaign Financing \$5.00 May Be				
23 Zip	Country	28	C	<u> </u>	Trust Fund Contribution Added to Fees				
		Zip	Country		8. This corporation owes the curr				
24	9. Name and Address of Current		30		Personal Property Tax. 10. Name and Address of New F		Yes	□No	
	The fire and the second		81	Name	10. Hame and Address of New I	tagistered Age			
	X, ROBERT J								
9350 SOUTH DIXIE HWY.			82	Street Add	Address (P.O. Box Number is Not Acceptable)				
SUITE 900							Server of	37,37,39	
MIA	MI FL 33156								
			84	City		E1 8	Zip (Code	
14. Pursuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes	s, the above	a-named cor	rogration submits this statement for the	purpose of char	nging its	registered	
office or i	registered agent, or both, in the State of im familiar with, and accept the obligation	Florida. Such change was aut	horized by	the corporal	tion's board of directors. I hereby accep	t the appointme	nt as re	gistered	
	im lamiliar with, and accept the obligatio	ilis di, Section 607.0505, Fiond	ua Statutes.	•					
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	Registered Agen	t signature requi	red when reinstating)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF		RECTO	RS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Change	Addition	
NAME	BLANK, JEROME	•	1.2 NAME						
STREET ADDRESS	9350 S. DIXIE HWY., SUITE 900		1.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33156		1.4 CITY-ST						
TITLE	D	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	Blank, andrew		2.2 NAME		•	_	_	_	
STREET ADDRESS	9350 S. DIXIE HWY., SUITE 900		2.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33156		2. 4 CITY-S				•		
TITLE (**)	, D.	☐ DELETE	3.1 TITLE		http://deserved.		Change	Addition	
NAME A	BLANK, MARK		3.2 NAME			_	-	_	
STREET ADDRESS	9350 S. DIXIE HWY., SUITE 900		3.3 STREET	ADDRESS	,	in a less as the of	*11 / PL		
CITY-ST-ZIP	MIAMI FL 33156		3.4. CITY-ST	1			, ,		
TITLE	Ď	☐ DELETE	4.1 TITLE				Change	Addition	
NAME ///	BLANK, TONY		4. 2 NAME		•	_	-		
STREET ADDRESS	9350 S. DIXIE HWY., SUITE 900		4.3 STREET	ADDRESS .					
CITY-ST-ZIP	MIAMI FL 33156		4.4 CITY-ST	1	,		:		
TITLE	D .	☐ DELETE	5.1 TITLE				Change	Addition	
NAME	BLANK, JOAN		5.2 NAME	İ		_	-		
STREET ADDRESS	9350 S. DIXIE HWY., SUITE 900	•	5.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33156	•	5.4 CITY-ST	-ZIP					
TITLE	D	☐ DELETE	6.1 TITLE				Change	Addition	
NAME	KRAMER, ROSE		6.2 NAME				-	,	
STREET ADDRESS	9350 S. DIXIE HWY., SUITE 900		6.3 STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33156		6.4 CITY-ST	-ZIP					
	ertify that the information supplied with	this filing door and availe, fact		on stated in	Section 110 07/2\(\text{i}\) Elected Statutes				

ith this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and a summer of trustee and accurate and that my signature shall have the same legal effect as if made under oath; that I am an inverse empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual report or supplement officer or director of the corporation or the Block 12 or Block 13 if changed, or on ar

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR