Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90033 011 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secre:ary of State DIVISION OF CORPORATIONS

DOCUMENT # PQ400004115Q

1. Corporation	NAME TO MASTERS, INC	;,			
Principal Flace of Business Mailing Address				T TRANSPORT COM MATERIA DEBLICA DORNE DORNE DE CEL DE LA CENTRA PER DE LA COMPETATION DE CONTRA PER DE CONTRA PORTE DE CONTRA	
2125 NE 123RD ST. 2125 NE 123F N. MIAMI FL 33181 N. MIAMI FL 3					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed 05/20/1994
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21		26			65-0507263 No. Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		5. Certificate of Status Desired
City & 5 tate	e	City & State	<i>ـ</i>		6. Electic n Campaign Financing \$5.00 May.Be Trust Fund Contribution Added to Fees
Zip	Countr 25	y Zip 29	Country 30		8. This corporation owes the current year Intangible Personal Property Tax. Yes No
	9. Name and Addre	ess of Current Registered Agent			10. Name and Address of New Registered Agent
		•	81	Name	
ADAMS, RONALD C 2125 NE 123RD ST.			82	Street	t Address (P.O. Box Number is Not Acceptable)
N. M	IAMI FL 33181		83		
			84	City	FL 85 Zip Code
agent. I a	m familiar with, and acc	ept the obligations of, Section 607.0505, Fi	orida Statutes	•	d cc rporation submits this statement for the purpose of changing its registered portition's board of directors. I hereby accept the appointment as registered
12.		FFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		DIRECTOR Change Addition
NAME STREET ADDRESS	ADAMS, RONALD (2125 NE 123RD ST		1.2 NAME	`ADDRESS	NANCY S. TESEDOR LIZS N.E. 1233T
CITY-ST-ZIP	N. MIAMI FL 33181		1.4 CITY-S		NORTH MANUFL 33181
TITLE	70. 1111 1111 1 2 33 10 1	☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRE 3S			2.3 STREE	ADDRESS	3
CITY-ST-ZIP			2. 4 CITY- S	T- ZIP	
TIMLE"		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	ADDRESS	s
CiTY-ST-ZIP			3.4, CITY-S	T-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	ADDRESS	3
CITY-ST-ZIP			4.4 CITY-S	r-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET	ADDRESS	3

CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicate a 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 postee 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 attact part with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

KONAID C. ADAMS

DELETE

Change

Addition