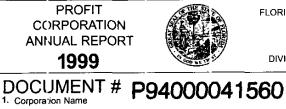
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90049 033 ***150.00

643 JEFFERSON AVENUE, INC.									
Principal Place of Business Mailing Address					<u> </u>	SANGEL NE IBNO EISM ABNO E			1110 (1111) 0017 1407
1611 EUCLI() AVENUE 1611 E		1611 EUCLID AVENUE	11 EUCLID AVENUE						
SUITE ONE		SUITE ONE			DO NOT WR	ITE IN THIS S	PACE		
MIAMI BEACH FL 33139		MIAMI BEACH FL 33139 US		3 Date I	3. Date Incorporated or Qualifed				
US		00			3/1 994	1		}	
2. Deleginal Clare of Pusiness		2a. Mailing Address		4. FEI Nu				Apr lied For	
2. Principal Place of Business		_				65-0498739			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0070				A dditional	
		<u> </u>	27		5. Certifo	ate of Status Desired			Required
City & State		City & State		6 Floatio	n Campaign Financing		\$5.0	0 May Be	
—, ·		28				und Contribution			d to Fees
Zip	Country	Zip Country				rporation owes the cui	rrent vear Intai		
<u> </u>	25		_ '			al Property Tax.		Yes	JNo
24	25 29 30 9. Name and Address of Current Registered Agent					and Address of New	Registere d A	gent	
	Traine and Adeless of Carre	- Nogotoros / Igoni	81	Name					
REGENTS PARK PROPERTY INC									
1611 EUCLID AVENUE			82	Street A	idress (P.O. Bo)	: Number is Not Accep	table)		:
SUITE ONE			83						
MIAMI BEACH FL 33139				_					
			84	City			FL	85 Zi	p Code
11. Dureusant i	to the provisions of Sections 607.050	2 and 607 1508 Florida Statutes	s, the above	-named co	propration subm	ts this statement for the	e nurpose of c	hanging	its registered
i office or re	egistered agent, or both, in the State	of Florida. Such change was aut	norizea by	tne corpor	ation's board of	directors. I hereby acce	ept the appoint	ment as	reç istered
agent. 1 ar	m familiar with, and a cept the obliga	tions of, Section 607,0505, Front	ua Statules	•					ļ
SIGNATURE	Signature, typed or printed name of registered ages	and title if applicable. (NO E: R	Registered Agen	t signature req	ired when reinstating		DATE		
12.		D DIRECTORS	13.		ADDITI	ONS/CHANGES TO O	FFICERS AND	DIREC	TORS IN 12
TITLE	ρ	☐ DELETE	1.1 TITLE					Chang	e 🔲 Addition
NAME	KAUDERER, MALLORY		1.2 NAME						
STREET ADDRESS	1611 EUCLID AVENUE #1		1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP					_	
TITLE	VP	DELETE	2.1 TITLE					Chang	je 🗌 Addition
NAME	MALIS, MARC		2.2 NAME						
STREET ADDR :SS	1611 EUCLID AVENUE #1		2.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL 33139		2. 4 CITY - S	T. 7IP					(
TITLE	Mis will bestore it. Corro	☐ DELETE	3.1 TITLE					[] Chang	e Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET	ADDRESS					
			34. CITY-S						
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	1 21				[] Chang	je Addition
NAME			4, 2 NAME						
STREET ADDRESS			43 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CITY-S						ł
TITLE		☐ DELETE	5.1 TITLE					☐ Chang	je Addition
NAME			5.2 NAME	1				•	Ì
STREET ADDRESS			5.3 STREET	ADORESS					
			5,4 CITY-S	ľ					
CITY-ST-ZIP TITLE			6.1 TITLE					[] Chang	je Addition
		_ DEEC.4	6.2 NAME						_
NAME			6.3 STREET	ADDRESS					l
STREET ADDRESS		6.4 CITY-S	- 1						
CITY-ST-ZIP			0.4 0111-3	1-41					

14. I hereby certify that the information supplied will be this filing does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it am an officer or director of the corporation of the receiver of 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 change 1, or on an attachment with an address, with all other like empowered.

SIGNATURE: