

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  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90014 015 \*\*\*150.00

DOCUMENT # P94000047911

1. Corporation Name  
MALFIE, INC.

Principal Place of Business

2999 NE 191 STREET  
#900  
AVENTURA FL 33180

Mailing Address

2999 NE 191 STREET  
#900  
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1994

4. FEI Number

65-0509217

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 1940 Harrison Street

2a. Mailing Address

26 1940 Harrison Street

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Hollywood, Florida

Zip Country

24 33020

25 USA

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Hollywood, Florida

Zip

29 33020

Country

30 USA

9. Name and Address of Current Registered Agent

HOCHSZTEIN, FRED  
2999 N.E. 191 STREET SUITE 900  
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

Fred Hochsztein

82 Street Address (P.O. Box Number is Not Acceptable)

1940 Harrison Street

83

Suite 300

84 City

Hollywood

85 Zip Code

FL 33020

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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.

Fred Hochsztein

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/99

12. OFFICERS AND DIRECTORS

TITLE PSTD  
NAME PALLATTO, TONI  
STREET ADDRESS 8181 N.W. 36TH STREET NO 4  
CITY-ST-ZIP MIAMI FL 33166

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CSTD  
1.2 NAME Pallatto, Toni  
1.3 STREET ADDRESS 8181 N.W. 36th Street, No 4  
1.4 CITY-ST-ZIP Miami, Florida 33166

☒ Change

☐ Addition

2.1 TITLE P  
2.2 NAME Bass, Charles  
2.3 STREET ADDRESS 8181 N.W. 36th Street, No 4  
2.4 CITY-ST-ZIP Miami, Florida 33166

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Toni Pallatto, CEO

4/21/99

(954) 922-4679

CR02034 (11/98)