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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90055 026 ***150.00

1. Corporation	MENT # P9400 0 INESS SYSTEMS, INC.	0049205						
Principal Place	e of Business	Mailing Address			£ 1004100) \$ 10111 01011 00111 1	MIST ROSIT DOTT - FIETD		
2899 COLLIN A	AVENUE	2899 COLLIN AVE						
1117		1117			DO NOT WE	RITE IN THIS SPA	ACE	
MIAMI BEACH	FL 33140	MIAMI BEACH FL 33140 US		3. D:	ate Incorporated or Qualifed			
ŲS		00			7/01/1994	-		
2. Principal P	Place of Business	2a. Mailing Address			El Number		App	olied For
21	4	26		6	5-0502392		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. C	ertifcate of Status Desired	\$	8.75 A	
22 ~ ~ -		27					Fee Re	
City & Stat	te	City & State			ection Campaign Financing	' - '	\$5.00	
23	Country	28	Country		ust Fund Contribution	ment waar Intonei	Added to	o rees
Zip	Country	29	30		nis corporation owes the cu- ersonal Property Tax.			□No
24	9. Name and Address of Curre		30		ame and Address of New			
2899 MIAI	ANCOURT, FERNANDO 9 COLLIN AVENUE, #1117 MI FL 33140 to the provisions of Sections 6077 registered agent, or both, or the Statum familiar with, and acceptable oblig	1022and 607.1508, Florida Statut e of Florida. Such change was a	83 84 City	et Address (P.O	Box Number is Not Accept But Line 1 A Company But Line 1 A Compa	FL ⁸		140
agent. I a	am familiar with, and accept the oblig	pations of, Section 607.0505, Flo	rida Statutes.	,	_	1/	le e	
SIGNATURE				~~~~~~~~		4/100/	477	,
SIGNATORE	Signature, typed or printed name of registered as		Registered Agent signatur			4/29/	47	
12.	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE ND DIRECTORS		e required when reins		DATE FFICERS AND D	IRECTO	
	Signature, typed or printed name of registered as OFFICERS A	gent and title if applicable. (NOTE	: Registered Agent signatu	e required when reins	tating)	DATE FFICERS AND D		RS IN 12
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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 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or this feet with a filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation or this feet with a filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director of the corporation of the corporation

SIGNATURE:

IGNA TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Daytime Phone #

32E034 (11/98)