FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90159 039 ***150.00

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

DOCUMENT # P9400055260

1. Corporation Name

DETAIL INVESTMENT CONCEDTS INC

HETAIL (INVESTIMENT CONCLETS	i ino-						
Principal Plac	Mailing Address]		151 6116: 51116 11514	******	
4675 SW 74 S MIAMI FL 3314		4675.SW 74.ST Miami Fl 33143	بهندن والمستا			DO NOT WRITE IN TH	IIS SDACE	
					+	3. Date Incorporated or Qualifed	110 01 1102	
					- 1	07/25/1994		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21 26						65-0508462	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75	
22 27						3. Certificate of Status Desired	Fee Re	
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Countr	у		8. This corporation owes the current year		□No
24	9. Name and Address of Curr		30			Personal Property Tax. 10. Name and Address of New Registere		
	5. Name and Address of Curi	ent radiateren vilant	8	Name		of the first transfer the field to		
POT	'AMKIN, ALAN H		L					
4675 SW 74 ST			82	Street A	ddress	(P.O. Box Number is Not Acceptable)		
MIAI	MI FL 33143		83	1				**
ſ			L	<u> </u>			Total Win (N. d.
•				84 City		F	L 85 Zip (-ode
_ agent. I a SIGNATURE 12.	am familiar with, and accept the obli	gations of, Section 607.0505, Flori gent and title if applicable. (NOTE: I	da Statute	nt signature rec		board of directors. I hereby accept the appendix of the control of	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		0		Change	Addition
NAME	POTAMKIN, ALAN H		1.2 NAME			ronica Farr		
STREET ADDRESS			1.3 STREE	TADDRESS		75 SW 74th ST		
CITY-ST-ZIP	MIAMI FL 33143				Mi	ami, FL 33143	□ Change	Addition
TITLE		☐ DELETE	2.1 TITLE				□ Criange	
NAME			2.2 NAME	- LDDD-00				
STREET ADDRESS	Ì			TADORESS				
CITY-ST-ZiP		☐ DELETE	2. 4 C/TY- 3.1 TITLE	51-ZIP			[] Change	Addition
TITLE NAME		Dec. 6	3.2 NAME				_ ,	_
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			3.4. CITY-					
TITLÉ		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4, 2 NAME					
STREET ADDRESS	STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			•	☐ Change	Addition
- NAME	يمجيعي فالمحانب بيتايا		5.2 NAME		·			*
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			<u> </u>	□ 4.400
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME	T ADDRESS				

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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

Alan B. PotamkinE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

4-16-99 305-665-9600