PROFIT CORFORATION. **ÅNNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000062083

1. Corporation Name

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90084 010 ***150.00

PAGE N	OW, INC.								
Principal Place	e of Business	Mailing Address					: - 1))(14 (1 8)(8 1 (8	, 10100 titl 1001
16500 N.W. 52N	ND AVE.	16500 N.W. 52ND AVE.							
MIAMI FL 33014		MIAMI FL 33014				DO NOT WE	ITE IN THIS	SDACE	
						3. Date Incorporated or Qualifed		SFACE	
						08/22/1994	•		1/
3. Dringing Di	lace of Business	2a. Mailing Address				4. FEI Number		I A	oplied For
2. Principal Place of Business		26			65-0520511			ot Applicable	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.					~\$8.75·	Additional -	
22		27			5. Certifcate of Status Desired		Fee Re	equired	
City & State		City & State			6. Election Campaign Financing	<u> </u>	\$5.00	May Be	
23		28				Trust Fund Contribution	'	Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the cu	rrent year Into	angible	
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered /	Agent	
1.47	AD DOUGE E			81 Na	ame				
LAZAR, BRUCE E				82 St	reet Addre	ss (P.O. Box Number is Not Accep	table)		
STE	I COLLINS AVE							<u> </u>	
	MI BEACH FL 33140			83		-			1
MIAN	NI DEACH FE 33140			84 Ci	ity			85 Zip	Code
					-		<u>FL</u>	<u> </u>	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligate	of Florida, Such change was a	authorized	I DV the	corporation	n's board of directors. I hereby acco	ept the appoir	ntment as re	egistered
=									j
SIGNATURE					ature required	when reinstating)	DATE		
=	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTI			ature required	when reinstating) ADDITIONS/CHANGES TO O		D DIRECTO	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTI	E: Registered	Agent sign	ature required			D DIRECTO	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTI	E: Registered	Agent sign	ature required				
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI VP KUDEVIZ, MICHAEL	t and title if applicable. (NOTI	13. 1.1 TI	Agent sign					
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND VP KUDEVIZ, MICHAEL 16500 NW 52ND AVENUE MIAMI FL	t and title if applicable. (NOTI D DIRECTORS	13. 1.1 TI 1.2 N/ 1.3 SI 1.4 CI	Agent sign TLE AME TREET ADD TY-ST-ZIP	RESS			☐ Change	Addition
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CITY-ST-ZIP

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.

SIGNATURE:

305-621-6000