FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90020 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400067979

1. Corporation Name

INITIATIVES CORPORATION

Principal Place	of Business	Mailing Address		I IDDAIDEN HE FORM AND IN BOUNDERN	1 8 111. 04 111 0 41111 14814 18111 18111	
3625 N.W. 82ND AVENUE		3625 N.W. 82ND AVENUE				
STE 312		STE 312		DO NOT WRITE IN THIS SPACE		
MIAMI FL 33166				3. Date Incorporated or Qualifed	N THIS SPACE	——
US		US		09/15/1994		Į
a Dissipal Di	ace of Business	2a. Mailing Address		4. FEI Number	Applied Fo	
	ace of business	26		65-0521430	Not Applic	
Suite, Apt. 1	# etc	Suite, Apt. #, etc.	_		\$8.75 Additions	
22	., 3	27		5. Certifcate of Status Desired [Fee Required	
City & State	•	City & State		6. Election Campaign Financing	\$5.00 May Be	3
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current		
24	25	29 30	0	Personal Property Tax.	Yes □No	
	9. Name and Address of Current	Registered Agent	- -	10. Name and Address of New Reg	istered Agent	
DAI:	MAN ROVAN		81 Name -	J. M. GUARCH,	tr. 259	
BAUMAN, BRYAN 2222 PONCE DE LEON BLVD			82 Street A	ddress (P.O. Box Number is Not Acceptable	5 //	
STE #600			83	010 S. DIME	Hwy ,	
CORAL GABLES FL 33134			$ \circ $ $\subset c$	PLAC GABLES,	- X ·	
COTINE CADELOTE SOTOT			84 City		FL 85 Zip Code	7
11 Pursuant i	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes	the above-named o	corporation submits this statement for the pu	mose of changing its register	red
office or re	egistered agent, or both, in the State of	f Florida. Such change was auth	horized by the corpor	ration's board of directors. I hereby accept the	ne appointment as registered	1
!	n familiar with, and accept the obligati	misol, Section 607.0303, Florid	I M G	PARCH TO 3	3/5/99	
SIGNATURE	Signature, typed or plates name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature re-		DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Ad	ddition
NAME	MONTADAS, PETER		1,2 NAME			\
STREET ADDRESS	3625 NW 82ND AVE, #312		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		M O:	4494
TITLE	VP	☐ DELETE	2.1 TITLE	P:	Change A	ddition
NAME	FRANZ, JOSEPH W.		2.2 NAME	1		
STREET ADDRESS	3625 NW 82ND AVE, #312		2.3 STREET ADDRESS			ļ
CITY-ST-ZIP	MIAMI FL	□ per ette	2. 4 CITY-ST-ZIP	NI1 c	M Change □ A	ddition
TITLE	TS	☐ DELETE	3.1 TITLE	PITIS	Change Line	Guillon
NAME	YERBY, ROBERT		3.2 NAME			
STREET ADDRESS	3625 NW 82ND AVE, #312		3.3 STREET ADORESS			
CITY-ST-ZIP	MIAMI FL	□ DELETE	3.4. CITY-ST-ZIP		Change A	ddition
TITLE		□ DEFEIE	4.1 TITLE	,	Courselles Civi	}
NAME			4, 2 NAME	í		
STREET ADDRESS			4,3 STREET ADDRESS			- 1
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ A	Addition
TITLE			5.2 NAME			
NAME			5.3 STREET ADDRESS			ľ
STREET ADDRESS			5.4 CITY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ A	Addition
TIFLE		- Deferie	62 NAME			

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP