PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400081944

1. Corporation Name SKIFOTO, INC.

May 10, 1999 8:00 am Secretary of State

05-10-1999 90001 025 ***150.00



MAME FL 33144 WAME FL 33144 WAME FL 33144 WAME FL 33144 IN Applies S	AVE P.O BOX 440643 MIAMI FL 33144 US Place of Business 2a. Mailing Address 25 DO NOT WRITE 3. Date Incorporated or Qualifed 11/04/1994 4. FEI Number 65-0532906 5. Certificate of Status Desired 27 Late City & State Country Zip Country Zip Country Zip Country 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent NTAGATI, CALOGERO O SW 86TH CT MI FL 33144 DO NOT WRITE 3. Date Incorporated or Qualifed 11/04/1994 4. FEI Number 65-0532906 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the curren Personal Property Tax. 10. Name and Address of New Reservable 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83	Applie Not A S8.75 Add Fee Requi S5.00 Ma Added to F int year Intangible Yes egistered Agent	ed For pplicable litional ired ay Be ees
MAME FL 33144 WAME FL 33144 WAME FL 33144 WAME FL 33144 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/DAI/1998 3. Date Incorporated or Qualified 11/DAI/1998 4. FEI Number 65-0532906 4. FEI Number 65-0532906 5. Certifacte of Status Desired Fee Requ Fee Requ 727 City & State 228 City & State 239 Country 240 250 Country 270 Country 280 281 280 3. Name and Address of Current Registered Agent 3. Name and Address of Current Registered Agent 10. Name and Address of Now Registered Agent 11. Pursuant to the provisions of Sections 607 5502 and 607 1508. Rockd Statutes, the above-named corporation submits this statement for the pursoss of changing its re- 11. Pursuant to the provisions of Sections 607 5502 and 607 1508. Rockd Statutes, the above-named corporation submits this statement for the pursoss of changing its re- 11. Pursuant to the provisions of Sections 607 5502 and 607 1508. Rockd Statutes, the above-named corporation submits this statement for the pursos of changing its re- 11. Pursuant to the provisions of Sections 607 5502 and 607 1508. Rockd Statutes, the above-named corporation submits this statement for the pursoss of changing its re- 11. Pursuant to the provisions of Sections 607 5502 and 607 1508. Rockd Statutes 11. Pursuant to the provisions of Sections 607 5508. Rockd Statutes, the above-named corporation submits this statement for the pursoss of changing its re- 11. Pursuant to the provisions of sections 607 5508. Rockd Statutes. 12. Vice of Control of Periods. Such change was authorated by the corporation should directors. I hereby accept the appointment as register agent. Are to obtain in the State of Rockd Statutes. 12. Vice of Control of Periods. Such change was authorated by the corporation is based of directors. I hereby accept the appointment as register agent. Are to the pursos of the pursos of changing its re- 12. Vice of Periods. Such change was authorated by the corporation is based of directors. I hereby accept the appointment as	MIAMI FL 33144 US	Applie Not A \$8.75 Add Fee Requi \$5.00 Ma Added to F int year Intangible Yes egistered Agent	pplicable litional ired ay Be
US Substitution	DO NOT WRITE 3. Date Incorporated or Qualifed 11/04/1994 Place of Business 2a. Mailing Address 25 25. Suite, Apt. #, etc. 27 Late City & State 28 Country 27 Country 28 Country 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent NTAGATI, CALOGERO 0 SW 86TH CT MI FL 33144 DO NOT WRITE 3. Date Incorporated or Qualifed 11/04/1994 4. FEI Number 65-0532906 5. Certifcate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the curren Personal Property Tax. 9. Name and Address of Current Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	Applie Not A \$8.75 Add Fee Requi \$5.00 Ma Added to F int year Intangible Yes egistered Agent	pplicable litional ired ay Be
2. Principal Place of Business 2a Mailing Address 4. FET Number 1/10/4/1994 8. The Number 5. Certificate of Status Desired 5. Certificate of Status Desired Agent Desired Agent Desired 5. Certificate of Status Desired Agent Desired Agent Desired 5. Certificate of Status Desired Agent Desired Agent Desired Agent Desired Agent Desired Agent Desired Agent Desired 5. Certificate 5. The Desired Agent Desired Desired Agent Desired Agent Desired Agent Desired Agent Desired Desired Agent Desired Agent Desired Agent Desired Agent Desired D	3. Date Incorporated or Qualifed 11/04/1994 Place of Business 2a. Mailing Address 2b. #. FEI Number 65-0532906 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State 28 City & State 29 30 Country 25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent NTAGATI, CALOGERO 0 SW 86TH CT MI FL 33144 3. Date Incorporated or Qualifed 11/04/1994 4. FEI Number 65-0532906 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the curren Personal Property Tax. 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	S5.00 Ma Added to F Tyear Intangible Yes Sigistered Agent	pplicable litional ired ay Be
2. Mailing Address 2. Mailing Address 3. Mailing Address 4. Fill number 5. Suite, Apt. #, etc. 2. City & State 3. Rise corporation over the current year indeptible personal Property Tax. 2. Country 3. Name and Address of Current Registered Agent 3. Name and Address of New Registered Agent 4. City 4. City 4. City 5. Certificate of Status Desired 4. City 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. This corporation over the current year individual of the State Stat	Place of Business 2a. Mailing Address 2b. #, etc. 25. Certificate of Status Desired 27. City & State 28. Country 29. Suite, Apt. #, etc. 27. Country 29. Suite, Apt. #, etc. 27. Country 29. State 29. Suite, Apt. #, etc. 27. Country 28. This corporation owes the current Personal Property Tax. 9. Name and Address of Current Registered Agent NTAGATI, CALOGERO 0 SW 86TH CT MI FL 33144 83. Street Address (P.O. Box Number is Not Acceptable) 84. FEI Number 65-Q532906 55. Certificate of Status Desired 66. Election Campaign Financing Trust Fund Contribution 87. This corporation owes the current Personal Property Tax. 9. Name and Address of Current Registered Agent 86. Election Campaign Financing Trust Fund Contribution 87. Name Address of New Registered Agent 88. Name 89. Street Address (P.O. Box Number is Not Acceptable) 89. Street Address (P.O. Box Number is Not Acceptable)	S5.00 Ma Added to F Tyear Intangible Yes Sigistered Agent	pplicable litional ired ay Be
2. Mailing Address 2. Mailing Address 3. Mailing Address 4. Fill number 5. Suite, Apt. #, etc. 2. City & State 3. Rise corporation over the current year indeptible personal Property Tax. 2. Country 3. Name and Address of Current Registered Agent 3. Name and Address of New Registered Agent 4. City 4. City 4. City 5. Certificate of Status Desired 4. City 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. This corporation over the current year individual of the State Stat	Place of Business 2a. Mailing Address 2b. #, etc. 25. Certificate of Status Desired 27. City & State 28. Country 29. Suite, Apt. #, etc. 27. Country 29. Suite, Apt. #, etc. 27. Country 29. State 29. Suite, Apt. #, etc. 27. Country 28. This corporation owes the current Personal Property Tax. 9. Name and Address of Current Registered Agent NTAGATI, CALOGERO 0 SW 86TH CT MI FL 33144 83. Street Address (P.O. Box Number is Not Acceptable) 84. FEI Number 65-Q532906 55. Certificate of Status Desired 66. Election Campaign Financing Trust Fund Contribution 87. This corporation owes the current Personal Property Tax. 9. Name and Address of Current Registered Agent 86. Election Campaign Financing Trust Fund Contribution 87. Name Address of New Registered Agent 88. Name 89. Street Address (P.O. Box Number is Not Acceptable) 89. Street Address (P.O. Box Number is Not Acceptable)	S5.00 Ma Added to F Tyear Intangible Yes Sigistered Agent	pplicable litional ired ay Be
Surie, Apt. #, etc. 27 27 27 27 27 27 28 28	Suite, Apt. #, etc. City & State City & State Country Zip Country Registered Agent NTAGATI, CALOGERO O SW 86TH CT MI FL 33144 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Country Suite, Apt. #, etc. Suite Action Campaign Financing Trust Fund Contribution Suite, Apt. #, etc. Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. Suite Action Campaign Financing Trust Fund Contribution Suite, Apt. #, etc. Suite Action Campaign Financing Trust Fund Contribution Suite, Apt. #, etc. Suite Action Campaign Financing Trust Fund Contribution Suite, Apt. #, etc. Suite Action Campaign Financing Trust Fund Contribution Suite Action Campaign Financing Trust Fund Contribution Suite Action Campaig	\$8.75 Add Fee Requi \$5.00 Ma Added to F Int year Intangible Yes Sigistered Agent	litional ired ay Be ees
Surie, Apt. #, etc. 27 27 27 27 27 27 28 28	Suite, Apt. #, etc. City & State City & State Country Zip Country Registered Agent NTAGATI, CALOGERO O SW 86TH CT MI FL 33144 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Country Suite, Apt. #, etc. Suite Action Campaign Financing Trust Fund Contribution Suite, Apt. #, etc. Country Suite, Apt. #, etc. Country Suite, Apt. #, etc. Suite Action Campaign Financing Trust Fund Contribution Suite, Apt. #, etc. Suite Action Campaign Financing Trust Fund Contribution Suite, Apt. #, etc. Suite Action Campaign Financing Trust Fund Contribution Suite, Apt. #, etc. Suite Action Campaign Financing Trust Fund Contribution Suite Action Campaign Financing Trust Fund Contribution Suite Action Campaig	Fee Requirement S5.00 Ma	ired ay Be ees
City & State City & State City & State City & State Country S. This corporation owes the current year Intangle Yes Personal Property Tax. SANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 33144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 33144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 33144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 33144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 33144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 33144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 33144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 33144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 30144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 30144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 30144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 30144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 30144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 30144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 30144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 30144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 30144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 30144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 30144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 30144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 30144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 30144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 30144 SCANTAGATI, CALOGERO 1120 SW 88TH CT MIAMI FL 30144 SCANTAGATI	Country Zip Country 8. This corporation owes the current Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Reserved Agent 81 Name NTAGATI, CALOGERO 0 SW 86TH CT 82 Street Address (P.O. Box Number is Not Acceptable 83 Street Address (P.O. Box Number is Not Acceptable 84 Name 85 Not Acceptable 85 Not Acceptable 86 Not Acceptable 87 Not Acceptable 87 Not Acceptable 87 Not Acceptable 88 Not Acce	\$5.00 Ma Added to F int year intangible Yes egistered Agent	ay Be ees
Zip Country Zip Country Zip Country S. This corporation owes the current year Intangible S. This corporation over the current year Intangible S. This corporation S. This corporat	Trust Fund Contribution Country Zip Country B. This corporation owes the curren Personal Property Tax. 9. Name and Address of Current Registered Agent NTAGATI, CALOGERO 0 SW 86TH CT MI FL 33144 Trust Fund Contribution 8. This corporation owes the curren Personal Property Tax. 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable Agent) 83	Added to F int year intangible Yes egistered Agent	668
Zip Country Zip Country Strict Fund Contribution Added to 1	Country Zip Country 8. This corporation owes the current Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Reserved Agent 81 Name NTAGATI, CALOGERO 82 Street Address (P.O. Box Number is Not Acceptable MI FL 33144	Added to Fint year Intangible Yes Segistered Agent	
3. Name and Address of Current Registered Agent 3. Name and Address of New Registered Agent 3. Name and Address of New Registered Agent 3. Name SANTAGATI, CALOGERO 1120 SW 86TH CT MIAMI FL 33144 83 Street Address (P.O. Box Number is Not Acceptable) 44 City	25 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent NTAGATI, CALOGERO 0 SW 86TH CT MI FL 33144 30 Personal Property Tax. 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 B3	egistered Agent	No
SANTAGATI, CALOGERO 1120 SW 86TH CT MIAMI FL 33144 83 84 City FL 85 Zip Co. 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its residence of 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if application. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DP DIAZ, LESLIE 1120 SW 86TH CT 11. STREET ADDRESS 1120 SW 86TH CT 1121 SWEET ADDRESS 1121 SWEET ADDRESS 1122 SWEET ADDRESS 1124 SWEET ADDRESS 1125 SWEET ADDRESS 1125 SWEET ADDRESS 1126 SWEET ADDRESS 1127 STREET ADDRESS 127 SWEET ADDRESS 128 SWEET ADDRESS 129 SWEET ADDRESS 120 SWEET ADDRESS 120 SWEET ADDRESS 120 SWEET ADDRESS 120 SWEET ADDRESS 121 SWEET ADDRESS 121 SWEET ADDRESS 122 SWEET ADDRESS 123 SWEET ADDRESS 124 SWEET ADDRESS 125 SWEET ADDRESS 126 SWEET ADDRESS 127 SWEET ADDRESS 127 SWEET ADDRESS 128 SWEET ADDRESS 129 SWEET ADDRESS 120 SWEET ADDRESS 12	9. Name and Address of Current Registered Agent NTAGATI, CALOGERO 0 SW 86TH CT MI FL 33144 10. Name and Address of New Research Name 81 Name 82 Street Address (P.O. Box Number is Not Acceptable Name) 83 Street Address (P.O. Box Number is Not Acceptable Name)	egistered Agent	
SANTAGATI, CALOGERO 1120 SW 86TH CT MIAMI FL 33144 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Cox 84 City FL 85 Zip Cox 85 Zip Cox 86 Zip Cox 86 Zip Cox 87 Zip Cox 88 Zip Cox 88 Zip Cox 88 Zip Cox 88 Zip Cox 89 Zip Cox 80 Zip C	NTAGATI, CALOGERO 0 SW 86TH CT MI FL 33144 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable)	le)	
SANTAGATI, CALOGERO 1120 SW 86TH CT MIAMI FL 33144 82 Street Address (P.O. Box Number is Not Acceptable) 83 Interpretation of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above—named corporation submits this statement for the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above—named corporation submits this statement for the propose of changing its response of 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 regis agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed rame of registered agent and this if approaches. ITILE OFFICERS AND DIRECTORS TITLE DP OFFICERS AND DIRECTORS 1.3 NADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.3 STREET ADDRESS CITYST-ZIP MIAMI FL OFLIETE 1.1 TITLE OFLIETE 1.1 TITLE OFLIETE 1.1 TITLE OFLIETE 2.1 TITLE OFLIETE 3.1 TITLE OFLIETE 3.2 NAME CITYST-ZIP OFLIETE 3.3 STREET ADDRESS CITYST-ZIP TITLE OFLIETE 3.1 TITLE OFLIETE 3.1 TITLE OFLIETE 3.1 TITLE OFLIETE 3.1 TITLE OFLIETE 3.2 NAME STREET ADDRESS CITYST-ZIP TITLE OFLIETE AGITYST-ZIP OFLIETE AGI	NTAGATI, CALOGERO 0 SW 86TH CT MI FL 33144 82 Street Address (P.O. Box Number is Not Acceptable)	85 Zip Coc	
11:20 SW 86TH CT MIAMI FL 33144 83 84 City FL 85 Zip Cor 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its re- office or registered agent, or both, in the State of Floridas. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as regis agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE DP	0 SW 86TH CT MI FL 33144 82 Street Address (P.O. Box Number is Not Acceptable) 83	85 Zip Coc	
MIAMI FL 33144 B3 B4 City	MI FL 33144	85 Zip Coc	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the orporation submits this statement for the purpose of changing its redifice 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent and title if application. (NOTE Registered Agent algorithm enterstating) DATE		85 Zip Cod	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	84 City	85 Zip Coo	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of charging its residence of 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 regis 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.			ie
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 and the obligations of, Section 687,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	t to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named composition submits this statement for the Di	urnose of changing its red	ristered
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILE DP DIAZ, LESLIE STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE DELETE 4.1 TILE A3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITULE Change A4. CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE A5. TILE A5. TILE Change Chan	r registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept i	the appointment as regist	iered
12.		DATE	
TITLE			IN 12
NAME DIAZ, LESLIE 12 NAME 13 STREET ADDRESS 1120 SW 96TH CT 13 STREET ADDRESS 1120 SW 96TH CT 14 CITY-ST-ZIP 14 CITY-ST-ZIP 14 CITY-ST-ZIP 14 CITY-ST-ZIP 15 CITY-ST-ZIP			Addition
1120 SW 86TH CT			
CTY-ST-ZIP MIAMI FL 1.4 CTY-ST-ZIP TITLE DELETE 2.1 TITLE Change NAME 22 NAME CTY-ST-ZIP 2.4 CTY-ST-ZIP CTY-ST-ZIP 2.4 CTY-ST-ZIP CTULE Change NAME 3.2 NAME STREET ADDRESS CTY-ST-ZIP 3.3 STREET ADDRESS CTY-ST-ZIP 3.4 CTY-ST-ZIP CTMLE Change NAME 1.4 TITLE 4.2 NAME CTHANE CHANGE CHANGE STREET ADDRESS 4.2 NAME 4.2 NAME CTY-ST-ZIP CTY-ST-ZIP </td <td></td> <td></td> <td></td>			
TITLE			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME		Change	Addition
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	22 NAME		
CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME	0.000000		
TITLE - NAME DELETE 3.1 TITLE Change NAME 32 NAME 32 NAME 33 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE TITLE Change Change NAME 42 NAME 42 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP Change Change <td></td> <td></td> <td></td>			
NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 52 NAME		Change	Addition
CITY-ST-ZIP	- 3.2 NAME		
CITY-ST-ZIP	SS 3.3 STREET ADDRESS		
TITLE DELETE 4.1 TITLE Change NAME 4 2 NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY-5T-ZIP TITLE 5.1 TITLE Change NAME 52 NAME Change Change			
STREET ADDRESS 4.3 STREET ADDRESS CITY- ST-ZIP 4.4 CITY- ST-ZIP TITLE □ DELETE 5.1 TITLE NAME 52 NAME		Change	☐ Addition
STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ITILE DELETE 5.1 TITLE NAME 5.2 NAME	4 2 NAME		
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE □ Change NAME 5.2 NAME □ Change	ss 4.3 Street Address		
TITLE □ DELETE 5.1 TITLE □ Change NAME 5.2 NAME			
IVANIE	DELETE 5.1 TILE	☐ Change	Addition
CAATOCOT ADDRESS	5.2 NAME		
STREET ADDRESS 5.3 STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP 5.4 CITY-ST-ZIP	5.4 City-ST-ZIP		
TITLE DELETE 6.1 TITLE Change	□ DELETE 6.1 TITLE	☐ Change	Addition
NAME 62 NAME	6.2 NAME		
STREET ADDRESS 6.3 STREET ADDRESS	SS 6.3 STREET ADDRESS		
VINEEL POUREOU	6.4 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 op an attachment with an address, with all other like empowered.

SIGNATURE:

305.266-9006