Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90090 015 \*\*\*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 # P94000087104

1. Corporation Name

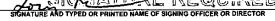
HARBOUR FUNDING CORPORATION

							.					<b>                                    </b>	
Principal Place	e of Business	Mailing	Mailing Address					1 184114 br 410 10th 81841 6841 68111 80th	8487 ISH		)   <b>     </b>	. 6.61 (631	
2875 NE 191 S	र	2875 N	2875 NE 191 ST				- 1					•	
SUITE 500			SUITE 500				ĺ	DO NOT WRITE IN THIS SPACE					
AVENTURA FL 33180 AVENTURA FL 33180 US US								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed					
US		US						12/01/1994					l
2 Principal P	lace of Business	2a, Ma	iling Address					4. FEI Number		$\Box$	Applie	d For	l
<b>⊢</b> ⊣ '	lace of Busiless	26	F -					65-0538364		Not Applicable			
Suite, Apt.	# etc		Suite, Apt. #, etc.					_		\$8.75			_
22	m, 610.		27					5. Certifcate of Status Desired			Requi		Ē
City & State			City & State				$\neg \uparrow$	6. Election Campaign Financing		\$5.0	O Ma	v Be	l
23	-	28	28					Trust Fund Contribution		Added		-	l
Zip	Country		Zip Country					8. This corporation owes the current year	r Intang	jible			l
24	25	29	30					Personal Property Tax.		] Yes		No	l
	9. Name and Address of Curre	nt Registere	d Agent					10. Name and Address of New Register	red Ag	ent			ı
					81	Name							l
	enthal, Kerry e			-	82	Street A	Addres	s (P.O. Box Number is Not Acceptable)					l
	NE 191 ST					Oll COL 7	100,00	27000 (1 .O. DOX Hullinos) to that stoophastroy					
1	E 500												1
AVEI	NTURA FL 33180			-	84	City			1	85 Zip	p Cod	ie .	İ
						•		•	- L	- I '	•		l
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1	508, Florida Statute	s, the ab	ove	-named o	corpora	ation submits this statement for the purpose	e of cha	anging i	its reg	jistered ered	l
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	∌ of Florida. ২ iations of, Ser	such change was au ction 607.0505, Flor	itnorizea ida Statu	by t tes.	ine corpo	yrauon :	s board of directors. I hereby accept the ap	роши	icin as	regisi	ereu	l
SIGNATURE			•										l
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if appl	licable. (NOTE:	Registered /	Agent	t signature re	equired w	hen reinstating) DATE					ļ
12.	OFFICERS A	ND DIRECTO		13.			_	ADDITIONS/CHANGES TO OFFICERS					l
TITLE	<del>-</del>				1,1 TITLE				Ĺ	] Chang	e i	Addition	l
NAME	D. 0.0.4, 20010			1.2 NA	1.2 NAME								l
STREET ADORESS	<del></del>			1.3 STF	REET	ADDRESS							l
CITY-ST-ZIP	AVENTURA FL			1.4 CIT		- ZiP	_			70			l
TITLE			☐ DELETE	2.1 1111					Ļ	_ Chang	e	Addition	
NAME			<del></del>	<u>_22NA</u>						ن <del>نة.</del> سترن	مين	······································	
STREET ADDRESS				2.3 STF	REET	ADDRESS							l
CITY-ST-ZIP				2.4 CП		T-ZIP				Chana		☐ Addition	1
TITLE			☐ DELETE	3.1 TITI		ł			L	_ Change	e	☐ Addition	l
NAME				3.2 NA		ĺ							l
STREET ADDRESS				3.3 STI	REET	ADDRESS		•					ĺ
C!TY-ST-ZIP		·		3.4. CIT	_	T-ZIP	_			Change		Addition	ł
TITLE			☐ DELETE	4.1 7111					L	_ Unang	e	Addition	İ
NAME				4. 2 NA									İ
STREET ADDRESS				1		ADDRESS							ĺ
CITY-ST-ZIP			C priese	4.4 CIT		-ZIP				T Chang		Addition	1
TITLE			☐ DELETE	5.1 TITI 6.2 NA		1			L	_ Chang		- Loomon	
NAME				5.2 NA		ADDDESS							1
STREET ADDRESS						ADDRESS							ĺ
CITY-ST-ZIP			□ p.e	5.4 C/T		-ZIP		·		J Chara		Addition	1
∫ πιε			☐ DÉLETE						L	] Chang		AGGIRON	l
NAME				6.2 NAI									1
STREET ADDRESS				6.3 STF	REET	ADDRESS							ı

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

CITY-ST-ZIP



March 18, 1999

305/754-4931