PROFIT-CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # **P94000087302**

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90046 008 ***150.00

BIKINI S	HACK, INC.								
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Principal Place	e of Business	Mailing Address		_	(198(198) 118)	Afti blûtt fatt na	[]] UB !]] UU]UI	EQUIL INDUS HILL I	INSIN ISBS IN NI
7827 W. FLAGLER ST. 7827 W. FLAGLER ST								•	
SUITE 64-D SUITE 64-D									
MIAMI FL 33144	4 · ·	MIAMI FL 33144				DO NOT WRI	TE IN THIS	SPACE	
US		US			3. Date Incorporate	d or Qualifed			
		<u> </u>			12/01/1994				
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number				olied For
21		26			65-0537026				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Sta	tus Desired		\$8.75 A Fee Red	
City & State	e	City & State			6. Election Campai	gn Financing		\$5.00	May Be
23	_	28			Trust Fund Cont	ribution	ш	Added to	Fees
Zip	Country	Zip	Coun	try	8. This corporation	owes the curr	ent year In		
24	25	29	30		Personal Proper	ty Tax.		Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name and Add	ress of New F	Registered	Agent	
MIRA	ANDA, JOSE L		Ľ	Name			• •	· ·	
7827 W. FLAGLER STREET			ļ	32 Street A	Address (P.O. Box Number	is Not Accepta	ible)		
SUITE 64-D			<u> </u>	33					
MAIM	MI FL 33144		\	<u> </u>				85 Zip C	'odo
			l'	34 City		•	FL	_ 85 Zip C	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607 1508, Florida Statute	es, the ab	ove-named c	corporation submits this sta	tement for the	purpose of	changing its	registered
office of F	egistered agent, or both, in the State o	of Florida. Such change was a	uthorized	by the corpo	ration's board of directors.	r nereby accer	n the appo	ınımenı as reç	jistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flor	rida Statut	es.		•			
	egistered agent, or both, in the State of m familiar with, and accept the obligat								
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	Registered A		quired when reinstating)	· · · · · ·	DATE	2"	
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. *> (NOTE)	Registered A	gent signature re		· · · · · ·	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed of printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE	Registered A 13. 1.1 TITL	gent signature re	quired when reinstating)	· · · · · ·	DATE	2"	
SIGNATURE 12. TITLE NAME	Signature, typed of printed name of registered agent OFFICERS ANI P MIRANDA, JOSE L	t and title if applicable. *> (NOTE)	13. 1.1 TITL 1.2 NAM	gent signature re	quired when reinstating)	· · · · · ·	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI P MIRANDA, JOSE L 7827 W. FLAGLER ST, 64-D	t and title if applicable. *> (NOTE)	13. 1.1 TITL 1.2 NAA 1.3 STR	gent signature re	quired when reinstating)	· · · · · ·	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIRANDA, JOSE L 7827 W. FLAGLER ST, 64-D MIAMI FL 33144	t and title if applicable. *> (NOTE: D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT	gent signature re E E E E E E T A D R E S T S T S T S T S T S T S T S T S T S	quired when reinstating)	· · · · · ·	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered egent OFFICERS AND P MIRANDA, JOSE L 7827 W. FLAGLER ST, 64-D MIAMI FL 33144	t and title if applicable. *> (NOTE)	13. 1.3 TITL 1.2 NAA 1.3 STR 1.4 CITL 2.1 TITL	gent signature re E E EET ADDRESS ST-ZIP	quired when reinstating)	· · · · · ·	DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI P MIRANDA, JOSE L 7827 W. FLAGLER ST, 64-D MIAMI FL 33144 S MIRANDA, HILDA O	t and title if applicable. *> (NOTE: D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITL 2.1 TITL 2.2 NAA	gent signature re E E E E E E E E T ADDRESS '-ST-ZIP E E	quired when reinstating)	· · · · · ·	DATE	ND DIRECTO	RS IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P MIRANDA, JOSE L 7827 W. FLAGLER ST, 64-D MIRANDA, HILDA O 7827 W. FLAGLER ST, #64-D MIAMI FL 33144 S MIRANDA, HILDA O 7827 W. FLAGLER ST, #64-D MIAMI FL 33144 T MIRANDA, LUIS R SR.	I and title if applicable	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITT 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA	gent signature re E E E E E E E T S T	quired when reinstating)	NGES TO OF	DATE	ND DIRECTO	RS IN 12 Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #