## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

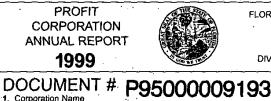
**PROFIT** CORPORATION ANNUAL REPORT 1999

ROSNER & SIMON, P.A.

21 SE FIRST AVENUE 10TH FLOOR

MIAMI FL 33131

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

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Principal Place of Business	Mailing Address	- I reduiden tid ideini diiki deiik deiik ediik bike ibke ibke ibke ikke ibke ikke ik
21 SE FIRST AVENUE 10TH FLOOR MIAMI FL 33131	21 SE FIRST AVENUE 10TH FLOOR MIAMI FL 33131	DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualifed 02/01/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied For
21	26	65-0552720 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired
City & State	City & State	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country	Zip Cou	untry 8. This corporation owes the current year Intangible
24 25	29 30	Personal Property Tax. ☐ Yes ☐ No
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent		
SIMON, DONALD		81 Name

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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

83

84 City

Street Address (P.O. Box Number is Not Acceptable)

SIGNATURE re, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE TITLE Change ☐ Addition SIMON, DONALD 1.2 NAME NAME STREET ADDRESS 21 S.E. 1ST AVE. 10TH FLOOR 1.3 STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 2.1 TITLE NAME STREET ADDRE 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ DELETE ☐ Addition 31 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE MLE 4.1 TITLE AME 4. 2 NAME 4.3 STREET ADDRESS TREET ADDRESS ITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition ME 5.1 TITLE 5.2 NAME AME 5.3 STREET ADDRESS TREET ADDRESS 5.4 CITY-ST-ZIP TY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition 6.2 NAME WE REET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Y-ST-ZIP

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 REQIDONALD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

(305) 358-7100

85

Zip Code

CR2E034