May 04, 1999 8:00 am Secretary of State

05-04-1999 90038 048 ***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 # POSOCOL11042

| 1. Corporation CAMPBE | Name P9000 | 0011942 | | | | | | |
|--|--|---|----------------------|-------------|--------------------------------------|-------------------------|---------------------------|--------------|
| Principal Place | e of Business | Mailing Address | ~ | | 0 100(1001 110 10101 01 | TIL BOTEL EDEN DENE BOT | MY DEMAND ESMYM, EMEDE 4 | HOLE HOLIEN |
| 2812 NW 35TH ST MIAMI FL 33142 US 2812 NW 35TH ST MIAMI FL 33142 US US | | | | | DO N 3. Date Incorporated or | OT WRITE IN THE | IS SPACE | |
| | | | | | 02/13/1995 | Juanied | | |
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | <u> </u> | olied For |
| 21 | | 26 | | | 65-0568847 | | | Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status D | esired | \$8.75 A Fee Re | |
| City & State | e | City & State | | | 6. Election Campaign Fi | nancing | \$5.00 | May Be |
| 23 | - , | 28 | | | Trust Fund Contribution | | Added to | |
| Zip | Country | Zip | Coun | try | 8. This corporation owes | the current year I | ntangible | |
| 24 | 25 | 29 3 | 10 | | Personal Property Ta: | | | □No |
| | 9. Name and Address of Curr | ent Registered Agent | | | 10. Name and Address | of New Registere | d Agent | |
| DALA | NORA IINA | | . | 81 Name | | | | ļ |
| PALNSKY, ILVA 2812 NW 35TH ST | | | Ī | B2 Street | Address (P.O. Box Number is No | t Acceptable) | | |
| MIAMI FL 33142 | | | | 83 | | | · · · · · | |
| | | | - | B4 City | <u> </u> | | 85 Zip C | ode |
| office or re | to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the obli- | e of Florida. Such change was aut gations of, Section 607.0505, Florid | norized la Statul | es. | oration's board of directors. I here | by accept the app | ointment as reç | pistered |
| 12, | | AND DIRECTORS | 13. | • | ADDITIONS/CHANGE | S TO OFFICERS / | AND DIRECTO | RS IN 12 |
| TITLE | DP | DELETE | 1,1 TITL | £ | ILLYA PALINSKY | 1 | ☐ Change | ☐ Addition |
| NAME | Palinsky, Ilya | - | 1.2 NAN | 1E | 2812 NM 32 | h 51 | | |
| STREET ADDRESS | 2812 NW 35TH ST | | 1.3 STR | EET ADDRESS | Mianifl. 331 | $u\tilde{\lambda}$ | | |
| CITY-ST-ZIP | MIAMI FL | • | 1.4 CIT | -ST-ZIP | MIAMITI 331 | <u> </u> | | |
| TITLE | VPD_1 | DELETE | 2.1 TITL | E | Carl Granice | = | ☐ Change | ☐ Addition |
| NAME | MAGYAR, MICHAL | | 2.2 NAN | Æ | Cary Granoff | 1 ST | | } |
| STREET ADDRESS | 2812/NW 35 ST. | | 2.3 STR | EET ADDRESS | Jani 61 33 | 1111 | | } |
| CITY-ST-ZIP | MIAMI FL | | 2. 4 CIT | Y-ST-ZIP | elami +1, 3 |) / | | |
| TITLE | D | DELETE | 3.1 TITL | E | | · · · · | ☐ Change | ☐ Addition |
| NAME | GRANOFF, GARY | | 3.2 NAM | 1E | | | | |
| STREET ADDRESS | 2812 N.W. 35 ST. | | 3.3 STR | EET ADDRESS | | | | |
| CITY-ST-ZIP | MIAMI FL | | 3.4. CIT | Y-ST-ZIP | | | | |
| TITLE | | ☐ DELETE | 4,1 TITL | | | | Change | ☐ Addition |
| NAME | | | 4. 2 NA | ΜĒ | | | | |
| STREET ADDRESS | | • | 4.3 STR | EET ADDRESS | • | | | } |
| CITY-ST-ZIP | | F7 ==== | • | /-ST-ZIP | 1 | | | D Addition - |
| TITLE | | DELETE | 5.1 TITL | | | | ☐ Change | ☐ Addition |
| NAME | ls | | 5.2 NAN | | | | | |
| STREET ADDRESS | | | | EET ADDRESS | | | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY 6.1 TITL | /-ST-ZIP | | | ☐ Change | Addition |
| TITLE | | | 0.1 1110 | ~ | | | | |

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 open attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CTTY-ST-ZIP

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #