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

PROFIT CORPORATION. ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P95000012659

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90061 041 ***158.75

JAMES A	A. MARX, P.A.								
Principal Place	e of Business	Mailing Address				OHUNDI KIN ININI DILKA ABIIK I	FAIR! 86211 46101 1	1838 11010 61101	41310 1011 1003
200 S BISCAYN	• •	200 S BISCAYNE BLVD							
SUITE 1870	2 0270	SUITE 1870	• • · · - · · ·			DO NOT WE	NE IN THE	CDACE	
MIAMI FL 33131 . MIAMI FL 33131					O. Data Inc	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed			
us us					1	02/10/1995			
2. Principal Place of Business 2a. Mailing Address					4. FEI Nur		war	.	plied For
2. Principal Pi	ace of Business	<u> </u>	adiling Address			56214		<u> </u>	t Applicable
21 26 Suite, Apt. #, etc Suite, Apt. #, etc.				1.20	-		<u> </u>	\$8.75 A	
Suite, Apt. #, etc			the state of the		- 5. Certifca	te of Status Desired-	<u> </u>	Fee Re	
City & State	a .		City & State			Campaign Financing	1	\$5.00	May Be
23	•	— <u>`</u>	28			and Contribution	' □	Added t	
Zip	Country	Zip	Country	,	8. This cor	poration owes the cu	rrent year Inta	ngible ,	,
24	25	29 3	30			al Property Tax.		☐Yes	XNo
	9. Name and Address of Curre	nt Registered Agent			10. Name a	and Address of New	Registered /	Agent	
	,		81	Name					
MARX, JAMES			82	Street A	Address (P.O. Box	dress (P.O. Box Number is Not Acceptable)			
	S BISCAYNE BLVD				(15, 25,			-	
	E 1870		83						
AAIM	AI FL 33131		84	City	<u> </u>			85 Zip (Code
				,			FL		
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiat with, and accept the oblig	ant Fiorida. Such change was aut	inorizea ov	the corpo	corporation submits ration's board of di	s this statement for the frectors. I hereby according to the frectors of the f	ept lite appoi	changing its ntment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered as	ent and title if applicable. (NOTE: F	Registered Age	nt signature re	quired when reinstating)		DATE		
12.		ND DIRECTORS	13.			NS/CHANGES TO O	FFICERS AN		
TITLE	DPVS DELETE		1.1 TITLE		P, S, T, [MARY,			☐ Change	Addition
NAME	MARX, JAMES A			1.2 NAME		ISCANNE BI	せいない	1270	
STREET ADDRESS	ESS 201 S. BISCAYNE BLVD., #340			T ADDRESS	200 5. 6	iscaying		-	
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-5	ST-ZIP	Miami	, FL 33	3131		
TITLE	T DELETE 2.1		2.1 TITLE					Change	☐ Addition
NAME	MARX, JAMES A		2.2 NAME						
STREET ADDRESS	ESS 201 S. BISCAYNE BLVD., #340			TADDRESS					
CITY ST-ZIP	_MIAMI_FL_33131 = = = = = = = = = = = = = = = = =		- :2. 4 CITY-	ST-ZIP:		- ريمين <u>ن</u> صياب بيايي.			
TITLE	. *	☐ DELETE 3.1						Change	☐ Addition
NAME	321		3.2 NAME						
STREET ADDRESS	,		3.3 STREE	T ADDRESS				•	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					F7 A 4466-
TITLE	<u>.</u>		4.1 TITLE					Change	Addition
NAME			4. 2 NAME	:					
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				[T] Ch	- Addition
TITLE	-		5.1 TITLE					Change	Addition
NAME	· ·		5.2 NAME	- 1				+ 1 ,	
STREET ADDRESS	. ,			ET ADDRESS					
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP	. .	****		☐ Change	Addition
TITLE			6.1 TITLE					. — criange	
NAME	. ; ,		6.2 NAME						
STREET ADDRESS			6.3 STREE	ET ADDRESS					ļ

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: