

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

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90272 034 \*\*\*150.00

DOCUMENT # P95000034185 2812 NW 35th ST CORP

Principal Place of Business 2812 NW 35TH ST. MIAMI FL 33142

Mailing Address 2812 NW 35TH ST MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified 05-02-1995

4. FEI Number 65-0593092

Applied For Not Applicable \$8.75 Additional Fee Required

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax Yes No

21 Suite, Apt # etc 22 City & State 23 Zip Country 24

26 Suite, Apt # etc 27 City & State 28 Zip Country 29

10. Name and Address of New Registered Agent

PALINSKY, ILYA 2812 NW 35 ST MIAMI FL 33142

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. 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

SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 rows for Officers and Directors. Each row includes fields for Title, Name, Street Address, City, St, Zip, and a DELETED checkbox.

Table with 13 rows for Additions/Changes to Officers and Directors. Each row includes fields for Title, Name, Street Address, City, St, Zip, and checkboxes for Change and Addition.

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 on Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99