| COR ANNU | NOW: FILING PROFIT PORATION IAL REPORT 1999 | | FLORIDA DEPARI Katherin Secretary DIVISION OF CO | MENT OF STATE e Harris of State | FIL Mar 10, 19 Secretary 03-10-1999 9007 | 999 8:00 of Stat | te |
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| rincipal Place | | | Mailing Address | | | | |
| 01 South B/ Oconut Gro | AYSHORE DRIVE. SUITE IVE FL 33133 | | 601 South Bayshore dr Coconut grove fl 33133 | | DO NOT WRITE IN | THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed 05/04/1995 | . * | [|
| Principal Pl | ace of Business | 2 | a. Mailing Address | | 4. FEI Number | Appl | ied For |
| <u> </u> | | 26 | | · · · · · · · · · · · · · · · · · · · | 65-0832183 | | Applicable |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | ** \$8.75 Ad Fee Req | |
| City & State | e | 27 | City & State | | 6. Election Campaign Financing | \$5.00 M | |
| | | 28 | | | Trust Fund Contribution | Added to | Fees |
| Zip | Countr 25 | ry | Zip J [/ | Country 30 | This corporation owes the current ye Personal Property Tax. | |]No |
| I | 9. Name and Addre | | | | 10. Name and Address of New Regist | | |
| DEE | | | | 81 Name | • | , | |
| | ABIO, JOEL | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | | |
| 2121 | PONCE DE LEON I | BLVD., SUITE 43 | | | | | |
| | PONCE DE LEON I AL GABLES FL 331 | | | 83 | | | |
| | | | | 83 | | 85 Zip Co | |
| COR | al gables fl 331: | 34 | | 83 84 City | | FL 85 Zip Co | |
| COR | al gables fl 331: | 34 | 607. 1508, Florida Statute: rida. Such change was au | 83 84 City | | FLIT | |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>3-1-99</u> Date

305 - 860 - 700 T Daytime Phone #