**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000045176

1. Corporation Name

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90020 041 \*\*\*150.00

UPPER	DECK CHUISES, INC.					
Principal Place	e of Business	Mailing Address			NE MONANT MARANTENANT	19818 2511 1821
7760 SW 88TH ST. 7760 SW 88TH ST.					•	
MIAMI FL 33156 - MIAMI FL 33156				DO NOT WRITE IN THIS SPACE		
1				3. Date Incorporated or Qualifed	S SPACE	<del></del>
ł				06/06/1995		
2 Principal P	face of Business //	2a. Mailing Address		4. FEI Number	TAN	plied For
		- M C N	e Hur	65-0753293		t Applicable
		Suite, Apt. #, etc.	211-4		\$8.75 A	
27 Suite 214 27 Suite 214			5. Certifcate of Status Desired	Fee Re	I .	
		City & State		6. Election Campaign Financing	\$5.00	May Be
23 Miami, +L 21		28 Mani	-( <u>-</u>	Trust Fund Contribution Added to Fees		
Zip Country Zip			Country	8. This corporation owes the current year		_
24 3315		29 33156 31	5 USA	Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent	04 1	10. Name and Address of New Registere	d Agent	
MER	RITT, GORDON		81 Name M	reeith, Goevans		ſ
7760 SW 88TH ST.			82 Street Add	iress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33156			965	5 S. Dixie Hwy		
MIMINI FE 33130			83 Si	te 214		. \
			84 City		85 Zip C	
J			m.	iam. +c F		156
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 507.1508, Florida Statutes, of Florida. Such change was auth	, the above-named corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	ointment as reç	gistered
agent. La	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statutes.	· · · · · · · · · · · · · · · · · · ·	100	1
SIGNATURE	Herry XIII	GODON MERRY	agistered Agent signature require	red when reinstating)  DATE  DATE	<u> 1 44 </u>	
12.	Elgnature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	agistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTO	RS IN 12
TITLE	PS OF TOUR AND	DELETE		PS	Change	☐ Addition
NAME	MERRITT, GORDON			· · · · · · · · · · · · · · · · · · ·	ed.	)
STREET ADDRESS	7760 SW 88TH STREET		1.3 STREET ADDRESS	7655 Sidile Huy#21	7	}
CITY-ST-ZIP	MIAMI FL	•		Miami, FL 33156		1
TITLE	Vī	☐ DELETE		T	☐ Change	Addition
NAME	MERRITT, DEBORAH			reseitt, Deboeah,	-214	[
STREET ADDRESS	7260 SW 88TH STREET		2.3 STREET ADDRESS	7655 S. Dixie Hwy	- 4	)
CITY-ST-ZIP	MIAMI FL		2, 4 CITY-ST-ZIP	Miani, FL 33156		
TITLE		☐ DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
C/TY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4, 2 NAME			į
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		- C-1 C:	
TITLE		□ DELETE	5.1 TITLE		Change	Addition
NAME .	•		5.2 NAME	•		
STREET ADDRESS	li.		5.3 STREET ADDRESS	•		
CITY-ST-ZIP			5.4 CITY-ST-ZIP 6.1 TITLE		- Change	Addition
TITLE		☐ DELETE			☐ Change	
NAME			6.2 NAME			}
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP:	[1] - [7] [s]		6.4 CITY-ST-ZIP			

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: