COF ANNU	PROFIT ORPORATION INUAL REPORT 1999			OF STATE ris	FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90166 005 ***158.75		
<ol> <li>Corporation</li> </ol>	MENT # P9500						
Principal Place of Business 501 BRICKELL KEY DRIVE 500		Mailing Address 601 BRICKELL KEY DRIVE 600	601 BRICKELL KEY DRIVE				,IC ( <b>66</b> 5 1 <b>66</b> 1
Miami FL 33131 US		MIAMI FL 33131 US			3. Date Incorporated or Qualifed 06/06/1995	IN THIS SPACE	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 65-0590453	Not	olied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	□ \$8.75 A Fee Red	
22 City & Stat 23		City & State	City & State		Trust Fund Contribution	Added to Fees	
Zip 24	Country	Ζίρ <b>29</b>	30	Intry	8. This corporation owes the curre Personal Property Tax.	C Yes	
	9. Name and Address of Cu	rrent Registered Agent		81 Name	10. Name and Address of New Ro	gistered Agent	
601 E #600				82 Street .	Address (P.O. Box Number is Not Acceptat	ole)	
MIAM	II FL 33131			84 City		FL 85 Zip C	ode
11. Pursuant office or r agent. I a SIGNATURE	registered agent, or both, in the St am familiar with, and accept the ob 	tate of Florida. Such change was oligations of Section 607 (1997), F	lorida Stat	d by the corpo jutes.	corporation submits this statement for the p oration's board of directors. I hereby accept equired when reinstating)		
12.	OFFICERS		<b>13</b> ,	<u>т</u> е	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12
NAME STREET ADDRESS	MALNIK, ALVIN 601 BRICKELL KEY DRIVE # MIAMI FL 33131		1.2 N 1.3 S	1			RS IN 12
CITY-ST-ZIP TITLE	7245		2.11		PRESSOLAT	Change	Addition
NAME STREET ADDRESS				TREET ADDRESS	MARK CSLBERT 601 BRSCHOU KIJ DRS MJONY FL 33/1	10 0600	1
CITY-ST-ZIP TITLE				DITY <u>ST ZIP</u> ITLE	F144 FC 33/4	Change	Addition
			3.2 N	IAME TREET ADDRESS			ļ
STREET ADDRESS				CITY-ST-ZIP			
TITLE			4.17			Change	Addition
NAME STREET ADDRESS	}			NAME TREET ADDRESS			•
CITY-ST-ZIP	]						}
				ITY-ST-ZIP	· 		
TITLE			5.1 T	ITLE		Change	Addition
		DELETE	5.1 T 5.2 N			Change	Addition
TITLE NAME			5.1 T 5.2 N 5.3 S 5.4 C	ITLE IAME ITREET ADDRESS ITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	5.1 T 5.2 N 5.3 S 5.4 C 6.1 T	ITLE IAME ITREET ADDRESS ITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 T 5.2 N 5.3 S 5.4 C 5.1 T 1 6.2 N	ITLE IAME ITREET ADDRESS ITTY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	DELETE	5.1T 52N 53S 54C 6.1T 62N 63S 64C	ITLE IAME ITREET ADDRESS ITTY-ST-ZIP ITLE IAME ITREET ADDRESS ITTY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby	certify that the information supplie	DELETE	5.1T 5.2 N 5.3 S 5.4 C 6.1 T 6.3 S 6.4 C for the exc	ITLE ITREET ADDRESS ITTY-ST-ZIP ITTLE ITREET ADDRESS ITTY-ST-ZIP ITTY-ST-ZIP ITTY-ST-ZIP ITTY-ST-ZIP	in Section 119.07(3)(i), Florida Statutes. I ature shall have the same legal effect as if required by Chapter 607, Florida Statutes; d.	Change further certify that the li made under oath; that	Addition