## **PROFIT** CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

Katherine Harris 🐔

Secretary of State DIVISION OF CORPORATIONS

1. Gorporation	MENT # P95000	047	7905						
	YT & EVENT INTERNATIONA	AL. IN	C.						
0.0. ILI	TI W ETEITI IIVIEINWIIIVIII	_, .,,				I HARRIARE HIR HARRY BINN BANN ARTH BRINN	THE THILLIEF		
Principal Place	e of Business	Ma	eiling Address						
12164 S.W. 191			164 S.W. 131 AVE., #8						
MIAMA FL 3318	6	WIR	AMIL FL 33186			DO NOT WRITE IN	THIS SPACE		
						3. Date Incorporated or Qualifed	-		
						06/20/1995			_
2. Principal P	lace of Business	2a.	Mailing Address			4. FEJ Number	<u>}</u> }-	Applied For	4
21	<u> </u>	26				65-0588839		Not Applicable	4
Suite, ApL	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required	
22		27	Ch. 2 Ctata				<del></del> -		┨
City & Stat	<b>e</b>		City & State			6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
<u> 23                                    </u>	Country	28	Zip	Country		8. This corporation owes the current ye			7
24		23 -	 	30	السدد	Personal Property Tax	Yes_	_XXvo	J
241	9. Name and Address of Curren		tered Agent			10. Name and Address of New Regist	ered Agent		4
				81 Name-		rothy L. O'Sh	18/125		
	TMANN, JEFFREY J.			82 Street	Addres	ss (P.Q. Box Number is Not Acceptable).	UC.		1
	34 SW 131 AVENUE				12	164 5W 131A	<u>ue                                    </u>		4
SUFT	VII FL 33186			83	5	suite 8	_		
MOG	WI FE 33160			84 City			FL 85 Zi	p Code	7
				1 1 202	LLA	YM		POICE	
! <del>-</del>		S == = 00	OT AFOR Floride Carbon		·	antian authorise this statement for the million	se of changing	da registered	
11, Pursuant office or f	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 60 of Florid	07.1508, Florida Statute la. Such change was at		·	antian authorise this statement for the million	se of changing appointment as	its registered registered	
11. Pursuant office or r agent, I a	to the provisions of Sections 607.050 egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 60 of Florid tions of	07.1508, Florida Statute la. Such change was at Section 607.0505, Flor		·	ration submits this statement for the purpor's board of directors. I hereby accept the	se of changing appointment as	its registered registered	
11. Pursuant office or ragent, I a	egistered agent, of both, in the State of m familiar with, and accept the obligat	tions of	Section 607,0505. Flor	is, the above-named ithorized by the corp ida Statutes.	corpor coration	ration submits this statement for the purpor's board of directors. I hereby accept the a	19/99	registered registered	<u></u>
office or r agent, I a SIGNATURE	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the objigat with the provision of the section of	tions of	Section 607/0505, Flor		Corpor coration Do required v	ration submits this statement for the purpor's board of directors. I hereby accept the same reflection of the country of the c	19/99 S AND DIREC	TORS IN 12	1/98)
office or f agent, I a	egistered agent, of both, in the State of m familiar with, and accept the obligat	tions of	Spicion 607 0505. Flor	s, the above-named shortzed by the corp ida Statules.  Registered Apent signature	corpor cration De required	ration submits this statement for the purpo 's board of directors. I hereby accept the a  ADDITIONS/CHANGES TO OFFICER D	19/99	TORS IN 12	(11/98)
office or r agent, I a SIGNATURE	egistered agent, of both, in the State of m familiar with, and accept the obligat with and accept the obligat signature. Types or profiled patrol of regalered agent OFFICERS AN	tions of	Section 607/0505, Flor	s, the above-named thorized by the corp ida Statutes.  Registered Apart signeture.	Corpor Coration	ation submits this statement for the purpor's board of directors. I hereby accept the statement for the purpor of the statement for the stat	19/99 S AND DIREC	TORS IN 12	34 (11/98)
office or ragent, I a SIGNATURE  12. TILE	egistered agent, of both, in the State of memory familiar with, and accept the obligat Signature, types or provided patrickers and OFFICERS AND HARTMAN, JEFFREY J. 12164 S.W. 131 AVE., #8	tions of	Section 607/0505, Flor	Registered Agent signeture  13.  1.1 TITLE	DOF	ation submits this statement for the purpor's board of directors. I hereby accept the statement for the purpor of the purpor of the statement for the statemen	19/99 S AND DIREC	TORS IN 12	2E034 (11/98)
office or ragent, I a SIGNATURE  12. TITLE NAME	egistered agent, of both, in the State of m familiar with, and accept the obligat Signature, types or provided patrick regulated agen OFFICERS AND PSO HARTMAN, JEFFREY J 12164 S.W. 131 AVE., #8 MIAMI FL 33186	tions of	respective (NOTE:	Registered Again signature  13. 1.1 TITLE 12 NAME 1,3 STREET ADDRESS 14 CITY-ST-ZP	PS DOF	ADDITIONS/CHANGES TO OFFICER  ONLY  ADDITIONS/CHANGES TO OFFICER  ONLY  ADDITIONS/CHANGES TO OFFICER  ONLY	S AND DIREC	FORS IN 12 e Additio	R2E034 (
office or r agent, I a SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, of both, in the State of Marking with, and accept the obligat Signature, types or provided marking the regulated agent OFFICERS AND PSD HARTMAN, JEFFREY J 12164 S.W. 131 AVE., #8 MIANI FL 33186	tions of	Section 607/0505, Flor	Registered Agent aigneture  13. 1.1 TITLE 12 NAME 1,3 STREET ADDRESS 1,4 CITY-ST-ZP 2,1 TITLE	PS DOF	ADDITIONS/CHANGES TO OFFICER COMPANY & SMITH COMPANY  ADDITIONS/CHANGES TO OFFICER  CONTROL & SMITH COMPANY  CONTROL & SM	19/99 S AND DIREC	FORS IN 12 e Additio	CR2E034 (11/98)
office or r agent, I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY ST-ZIP	egistered agent, of both, in the State m familiar with, and accept the obligat Signature, types or provided patrickers and OFFICERS AN PSD HARTMAN, JEFFREY J 12164 S.W. 131 AVE., #8 MIAMI FL 33186 VTS O'SHIELDS, DOROTHY L	tions of	respective (NOTE:	Registered Agent algreture  13. 1.1 TITLE 12 NAME 1,3 STREET ADDRESS 1,4 CITY-ST-ZP 2,1 TITLE 22 NAME	PS DOF	ADDITIONS/CHANGES TO OFFICER COMPANY & SMITH COMPANY  ADDITIONS/CHANGES TO OFFICER  CONTROL & SMITH COMPANY  CONTROL & SM	S AND DIREC	FORS IN 12 e Additio	CR2E034 (11/98)
office or r agent, I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, of both, in the state of m familiar with, and accept the obligat Signature, types or provided patrick regulated agent CFFICERS AND 12164 S.W. 131 AVE., #8 MIAMI FL 33186  VTS  O'SHIELDS, DOROTHY L 12164 SW 131 AVE #8	tions of	respective (NOTE:	Registered Agent aigneture  13. 1.1 TITLE 12 NAME 1,3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 22 NAME 23 STREET ADDRESS	PS DOF	ADDITIONS/CHANGES TO OFFICER  ADDITI	S AND DIREC	FORS IN 12 e Additio	CR2E034 (11/98)
office or r agent. I a SIGNATURE.  12. TILE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP CONTROL OF STREET ADDRESS CITY ST-ZIP	egistered agent, of both, in the state of m familiar with, and accept the obligat Signature, types or provided patrick regulated agent CFFICERS AND PSD HARTMAN, JEFFREY J 12164 S.W. 131 AVE., #8 MIAMI FL 33186 VTS O'SHIELDS, DOROTHY L 12164 SW 131 AVE #8 MIAMI FL	tions of	TORS  DELETE	Registered Again signature  13. 1.1 TITLE 12 NAME 1,3 STREET ADDRESS 1.4 CITY-ST-ZP 21 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZP	PS DOF	ADDITIONS/CHANGES TO OFFICER COMPANY & SMITH COMPANY  ADDITIONS/CHANGES TO OFFICER  CONTROL & SMITH COMPANY  CONTROL & SM	S AND DIREC	FORS IN 12 e	
office or r agent, I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME TREET ADDRESS CITY ST-ZIP TITLE	egistered agent, of both, in the safety metaphiar with, and accept the obligate of the safety of the	tions of	respective (NOTE:	Registered Agent aigneture  13. 1.1 TITLE 12 NAME 1,3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZP 3.1 TITLE	PS DOF	ADDITIONS/CHANGES TO OFFICER  ADDITI	S AND DIRECTOR	FORS IN 12 e Additio	
office or r agent. I a SIGNATURE.  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, of both, in the safety of anythiar with, and accept the obligate of the control	tions of	TORS  DELETE	Registered Agent aigneture  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZP 3.1 TITLE 3.2 NAME	PS DOF	ADDITIONS/CHANGES TO OFFICER  ADDITI	S AND DIRECTOR	FORS IN 12 e Additio	
Office or r agent, I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS	psignature. Types or provided patrices and agreement the schild of the provided patrices and agreement the schild of the psignature. The psignature of the psignature of the psignature. The psignature of the psignature of the psignature. The psignature of the psignature of the psignature of the psignature of the psignature. The psignature of the psignature. The psignature of the psign	tions of	TORS  DELETE	Registered Apart signature  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.3 STREET ADDRESS	PS DOF	ADDITIONS/CHANGES TO OFFICER  ADDITI	S AND DIRECTOR	FORS IN 12 e Additio	
office or r agent. I a SIGNATURE.  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, of both, in the safety of anythiar with, and accept the obligate of the control	tions of	TORS  DELETE	Registered Agent aigneture  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZP 3.1 TITLE 3.2 NAME	PS DOF	ADDITIONS/CHANGES TO OFFICER  ADDITI	S AND DIRECTOR	FORS IN 12 e	
Office or r agent. I a SIGNATURE.  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	PSD HARTMAN, JEFFREY J 12164 S.W. 131 AVE., #8 MIAMI FL 10 PHARES, ISAAC JR 12380 SW 191 ST MIAMI FL	tions of	TOPIC CTORS  DELETE  DELETE	Registered Again signature  13.  1.1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZP	PS DOF	ADDITIONS/CHANGES TO OFFICER  ADDITI	S AND DIRECT SACCHARGE CHANGE	FORS IN 12  e	
Office or r agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, of both, in the satisfactor of the partial with, and accept the satisfactor of the partial with, and accept the satisfactor of the partial with and accept the satisfactor of the partial par	tions of	TOPIC CTORS  DELETE  DELETE	Registered Agent aigneture  13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZP 4.1 TITLE	PS DOF	ADDITIONS/CHANGES TO OFFICER  ADDITI	S AND DIRECT SACCHARGE CHANGE	FORS IN 12  e	
Office or ragent. I a SIGNATURE.  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature. hypeo or printed patients agreed the solid of	tions of	DELETE	is, the above-named introduced by the corp ida Statutes.  Reputered Apert signeture.  13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PS DOF	ADDITIONS/CHANGES TO OFFICER  ADDITI	S AND DIRECT SCHOOL	FORS IN 12 e	
Office or ragent. I a SIGNATURE.  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature. hypeo or printed patholic regulated agent the called Cofficers and Officers and Offic	tions of	TOPIC CTORS  DELETE  DELETE	is, the above-named uthorized by the corp ida Statutes.  Reputered Apert signeture.  13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	PS DOF	ADDITIONS/CHANGES TO OFFICER  ADDITI	S AND DIRECT SACCHARGE CHANGE	FORS IN 12 e	
Office or r agent. I a SIGNATURE  12. TILE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	Signature. hypeo or printed patholic regulated agent the called Cofficers and Officers and Offic	tions of	DELETE	is, the above-named uthorized by the corp ida Statutes.  Reputered Apert signeture.  13.  1.1 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME	PS DOF	ADDITIONS/CHANGES TO OFFICER  ADDITI	S AND DIRECT SCHOOL	FORS IN 12 e	
Office or r agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature. hypeo or printed patholic regulated agent the called Cofficers and Officers and Offic	tions of	DELETE	is, the above-named introleed by the corp ida Statutes.  Reputered Apert signeture.  13.  1.1 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.3 STREET ADDRESS	PS DOF	ADDITIONS/CHANGES TO OFFICER  ADDITI	S AND DIRECT SCHOOL	FORS IN 12 e	
Office or ragent, I a signature.  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature. hypeo or printed patholic regulated agent the called Cofficers and Officers and Offic	tions of	DELETE	is, the above-named introlled by the corp ida Statutes.  Registered Apent signeture.  13.  1.1 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  21 TITLE  22 NAME  23 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  4.1.TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP	PS DOF	ADDITIONS/CHANGES TO OFFICER  ADDITI	S AND DIRECTORING Change	FORS IN 12 e	
Office or ragent, I a signature.  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature. hypeo or printed patholic regulated agent the called Cofficers and Officers and Offic	tions of	DELETE	is, the above-named introleed by the corp ida Statutes.  Reputered Apert signeture.  13.  1.1 TITLE  12 NAME  13 STREET ADDRESS  14 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.3 STREET ADDRESS	PS DOF	ADDITIONS/CHANGES TO OFFICER  ADDITI	S AND DIRECT SCHOOL	FORS IN 12 e	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

**FILED** 

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90053 040 \*\*\*158.75