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

DOCUMENT # P95000057127

1. Corporation Name

Principal Flace of Business	Mailing Address		
12380 SW 82 AVE	12380 SW 82 AVE		
MIAMI FL 33156	MIAMI FL 33156		

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90061 018 ***150.00

DAVID G	e of Business	Mailing Address							
12380 SW 82 A MIAMI FL 3315		12380 SW 82 AVE MIAMI FL 33156							
WILLIAM LE SOLO				DO NOT WRITE IN THIS SPACE					
						3. Date Incorporated o 07/24/1995	r Qualifed		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26				65-0604937			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status	Desired 🗌	\$8.75 / Fee Re	
22		City & State							·
City & State	e	City & State				6. Election Campaign in Trust Fund Contribution	- 11	\$5.00 Added t	
23 Zip	Country	Zip	Cou	ntry		8. This corporation own			
24	25	- 	30	•		Personal Property T	-	Yes	No I
	9. Name and Address of Currer					10. Name and Address	of New Registers	d Agent	
14,514	20 1005011 0 10			81	Name				
1031	SS, JOSEPH G JR. I N MIAML BEACH BLVD			82	Street Addre	SS (P.O. Bo) Number is N	ot Acceptable) #	<i>†780</i>	
j N∙M	IAMI BEACH FL 33162			83					}
				84	811y			85 Zip (Code
						Gabies	<u> </u>	L 3	34
office (r r	to the provisions of Sections 607.05t egistered agent, or both, in the State m familiar with, and accept the obliga	ार्ट Florida, Such change was आ	thorized	i bv th	e corporation	oration submits this statem n's board of directors. I he	reby accept the app	ointment as re	gistered
SIGNATUF:E		0107				when reinstating)	DATE		
12.	Signature, typed or printed name of registered age	N() DIRECTORS	13.	Agents	ignature required	ADDITIONS/CHANG		AND DIRECTO	FIS IN 12
TITLE	PD	☐ DELETE	1.1 TIT	TLE				Change	☐ Addition
NAME	GOLDWEITZ, DAVID		1,2 NA	ME					
STREET ADDRESS	12380 SW 82 AVE		1.3 ST	REET A	DDRESS				
CITY-ST-ZIP	MIAMI FL 33156		1,4 CI	TY-ST-Z	ZIP				
TITLE		☐ DELETE	2.1 TIT	TLE				Change	☐ Addition
NAME			2.2 NA	WE					
STREET ADDRESS			2.3 ST	REETA	DDRESS				
CITY-ST-ZIP				ITY-ST-	ZIP			Change	
TITLE		☐ DELETE	3.1 TIT					Change	☐ Addition
NAME			3.2 NA						
STREET ADDRE 3S			• • • • • • • • • • • • • • • • • • • •		DDRESS				
TITLE		DELETE	3.4. CI	TY-ST-:	ZIP			Change	Addition
NAME		<u></u>	4. 2 N					_ ,	_
STREET ADDRESS					DDRESS				
CITY-ST-ZIP				TY-ST-Z					
TITLE		☐ DELETE	5.1 11					Change	Addition
NAME			5.2 NA						
STREET ADDRESS			5 3 ST	REET A	DDRESS				
CITY-ST-ZIP	•		5.4 CI	TY-ST-Z	žIP				
TITLE		☐ DELETE	6.1 TI	TLE				☐ Change	Addition
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	REETA	DDRESS				
Í			0.4.00	TV CT 7	710				

14. I hereby certify that the informat on 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 εxecute 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 attach nept with an address, with a lother like ampowered.

SIGNATURE: