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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000073854

THE OTHER SIDE, INC.

Principal Place	e of Business	Mailing Address					EBIST BBEST BBSST SE		,
296 NW LEJEUNE ROAD		296 NW LEJEUNE ROAD							
MIAME FL 3312		MIAMI FL 33126				DO NOT WE	RITE IN THIS S	SPACE	
						Date Incorporated or Qualife		J. 7.0L	
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2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	***	Apr	olied For
Z. Finicipal F	iace of Busiliess	26				65-0608832			Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc	·			· ·		\$8.75 A	dditional
22		27				5. Certificate of Status Desired		Fee Re	quired
City & Stat	e	City & State				6. Election Campaign Financing	9 _	\$5.00	May Be
23		28				Trust Fund Contribution	"	Added to	
Zip	Country	Zip	Co	untry		8. This corporation owes the cu			_
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Cur	rent Registered Agent		<u> </u>		10. Name and Address of New	Registered A	gent	
		UQ FACILITY		81 Na	ame				
NUN	IEZ, DAMIAN			82 St	reet Addre	ess (P.O. Box Number is Not Accep	otable)		
	NW LEJEUNE ROAD					1.32 the 2018 of 100 100 4	3- 10-521-4 · ·	ay a	d transportion
MIAI	MI FL 33126			83					2.5
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office or I	registered agent or both in the Sta	ate of Florida: Such change t	was authorize	a by the	med corpo corporation	oration submits this statement for the or's board of directors. I hereby acc	ept the appoin	tment as rec	gistered
office or I	registered agent, or both, in the Sta im familiar with, and accept the ob-	ate of Florida: Such change of Florida: Such change of igations of, Section 607.050	was authorize 5, Florida Sta	tutes.	corporation	when reinstating);	DATE	unent as reç	
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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 charged, or or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 06, 1999 8:00am

Secretary of State

02-06-1999 90024 009 ***150.00