FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P95000073911

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90033 038 ***150.00

295 S. I	HIBISCUS DRIVE , INC.					
Principal Plac	e of Business	Mailing Address				† 100.1002 tra 1018 Britt Beitt abert antit betit 10000 strid 1010 i man trat cont
% JAMERSON.	SUTTON & SURLAS E ROAD PENTHOUSE II	% JAMERSON. SUTTON & SURLAS 2655 LE JEUNE ROAD PENTHOUSE II CORAL GABLES FL 33134			DO NOT WRITE IN TH S SPACE 3. Date Ir corporated or Qualifed	
						09/20/1995
2. Principa P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				NOT APPLICABLE Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27				5. Certificate of Status Desired Fee Recuired
City & S at	e	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. Yes You
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
				81	Name	
ROBERT L. JAMERSON, JR., P.A.					Street Acr	cdress (P.O. Box Number is Not Acceptable)
	5 le jeune road penthouse	i			Ottoorrie	iculoso (1.5. 55). Hambor to that the property
COF	RAL GABLES FL 33134			83		
				0.4	City	85 Zip Code
				84	City	FL 18 24 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5
agem. a	m familiar with, and accept the obligation	and title if applicable. (NOT	E. Registered	_		quired when reinstating) DATE
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF'S IN 12
TITLE	DP	☐ DELETE		1.1 TITLE		☐ Change ☐ Addition
NAME	BRILLEMBOURG, TANYA		1.2 NA	1.2 NAME		
STREET ADDRESS	,		1,3 ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33134			1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	DV	☐ DELETE	2.1 11	2.1 TITLE		
NAME	BRILLEMBOURG, DAVID D			2.2 NAME		
STREET ADDRESS			2.3 STREET		ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	— Opciete	_	2. 4 CITY- ST- ZI		Change Addition
TITLE	DV DENI SAROUBO DENE	☐ DELETE	ž	3.1 TITLE		
NAME	BRILLEMBOURG, RENE			3.2 NAME 3.3 STREET ADDRE		
STREET ADDRESS						
CITY-ST-ZIP	CORAL GABLES FL 33134	☐ DELETE	3.4. C		I-ZIP	☐ Change ☐ Addition
TITLE			4. 1 N			
NAME					ADDRESS	
STREET ADDRE 3S						
CITY-ST-ZIP		☐ DELETE	4.4 CI 5.1 TI		1-41F	☐ Change ☐ Addition
TITLE		- Description	5.2 N/			
NAME STREET ADDRESS					ADDRESS	
STREET ADDRESS			5.4 CI			
CITY-ST-ZIP		☐ DELETE	6.1 TI			☐ Change ☐ Addition
NAME			6.2 N/	MĘ.		
STREET ADDRESS	Λ		6.3 ST	REET	ADDRESS	
	I //		6.4 CI	TY-ST	r-ZIP	
CITY-ST-ZIP	A 11					

14. Thereby 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 suppliemental 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 of the advantage of the corporation of the corporation 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 of the corporation of the corporation

SIGNATURE:

SIGNATION TYPED OR PRINTED NAME OF SIGNING OFFICE TOR DIRECTOR