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

Mailing Address
601 BRICKELL KEY DRIVE

MIAMI FL 33131

SUITE 805

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

May 05, 1999 8:00 am Secretary of State

05-05-1999 90010 015 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)

≣∄

3. Date Incorporated or Qualifed

Katherine Harrls

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500080245

Corporation Name

Principal Place of Business

601 BRICKELL KEY DRIVE

SIGNATURE:

SUITE 805

MIAMI FL 33131

W & W MIRAGE, INC.

						10/18/1995				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For		
1		26				65-0761644		Not Applicable		
Suite, Apt.	#, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & State	9	City & State				6. Election Campaign Financing	\$!	5.00 M	lay Be	
28						Trust Fund Contribution Added to F			, ,	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year	r Intangible	9		
4	25	29	30			Personal Property Tax.	☐ Ye]No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registe	red Agent			
ALLEN & GALEGO 601 BRICKELL KEY DRIVE					81 Name 82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 805				83						
MIAMI FL 33131										
(MID-Q)	iii / C 33131			84	City		E1 85	Zip Co	ode	
		LOOT AFOR Floride Cha		L.I		rporation submits this statement for the purpos	e of chang	ing its re	egistered	
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida, Such change was ons of, Section 607.0505,	s authorized Florida Stat	utes.	tne corpora	tion's board of directors. Thereby accept the a	ppolitimen	t as regi	stered	
	Signature, typed or printed name of registered agent		i	Agen	t signature requi	В,		ECTOR	C IN 12	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS		hange	Addition	
TITLE	PD	☐ DELETÉ	1,1 T		1		Ü	rango		
NAME	TIANO-OUTGEN, WALTHEN			AME						
STREET ADDRESS	s 601 BRICKELL KEY DR, STE 805			TREET	ADORESS					
CITY-ST-ZIP	MIAMI FL 33131		1.4 C	ITY-ST	r- ZIP				— • • • • • • • • • • • • • • • • • • •	
TITLE	SD DELETE		2.1 T	2.1 TΠLE			Пс	hange	Addition	
NAME	Walther, Iris		2.2 N	AME						
STREET ADDRESS	601 BRICKELL KEY DRIVE		2.3 S	TREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33131	<u></u>	2.40	CITY-S	T-ZIP					
TITLE				3.1 TITLE			c	hange	Addition .	
NAME	ALLEN, ROBERT		3 2 N	AME	1			-,	•	
STREET ADDRESS	601 BRICKELL KEY DRIVE		3.3 S	TREET	ADDRESS	,		,,		
CITY-ST-ZIP	MIAMI FL 33131		3.4 (ITY-S	T-ZIP	<u> </u>				
TITLE	***************************************	☐ DELETE						hange	Addition	
NAME			4.21	IAME						
STREET ADDRESS			4,3 S	TREET	ADDRESS					
CITY-ST-ZIP				ITY-S	·					
TITLE		☐ DELETE	5.1 T					hange	Addition	
NAME			5.2 N	AME						
			5.3 S	TREET	ADDRESS					
STREET ADDRESS				ITY-S						
CITY-ST-ZIP TITLE		□ DELETE	6.1 T				c	hange	☐ Addition	
		_ 555510	6.2 N				_	_		
NAME					ADDRESS					
STREET ADDRESS					1					
CITY_ST_7IP			6.4 C	ITY-S	1-ZIP					

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 angular 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 fustee, 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR