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

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

01-29-1999 90052 018 ***150.00

DOCUMENT # P9500082031 ERIC INCORPORATED				01-25-1595 50002 018 ** 15	5.00
ENIC INCONFUNCTED					### (#################################
	•				
Principal Plac	ce of Business	Mailing Address			DION YÖKKÖ KIDAK BONDA YANDA YADI 100K
11151 N.W. 36TH AVENUE 11151 N.W. 36TH AVENUE					
MIAMI FL 3316		MIAMI FL 33167			•
; •				DO NOT WRITE IN TI	HIS SPACE
		,		3. Date Incorporated or Qualifed	
2 Bringing F	Place of Dunings	2a. Mailing Address		10/25/1995 4. FEI Number	
21					Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			65-0618714	\$8.75 Additional	
22 27				5. Certifcate of Status Desired	Fee Required
City & State City & State				6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip			Country	8. This corporation owes the current year	Intangible
24	25		30	Personal Property Tax.	Yes □No
_ _	9. Name and Address of Current	Registered Agent	041 At	10. Name and Address of New Register	ed Agent
LATCH, PAUL					
11151 N.W. 36TH AVENUE				ress (P.O. Box Number is Not Acceptable)	<u> </u>
	MI FL 33167		83	\$1.000 \$ 90.00 \$1.00 \$1.00	512 1-1 (4 184828 (171128 42)
			[83]	- 建设施制造物的制度	
			84 City	e Propinsi de la Companya de C	85 Zip Code
11. Prisuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named comparation submits this statement for the purpose of changing its registered.					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of corporation of the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
!		ons or, Section 607.0505, Fior	nda Statutes.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required				ed when reinstating)	<u> </u>
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	₩ 48 HA	☐ Change ☐ Addition
NAME	LATCH, PAUL		1.2 NAME		****
STREET ADDRESS	}		1.3 STREET ADDRESS		, .
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	: .	☐ DELETE	2.1 TITLE		Change Addition
NAME]		2.2 NAME		ļ
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		□ DELETE	2.4 CITY-ST-ZIP		Change Daddion
TITLE	Tris and the second		3.1 TITLE		☐ Change ☐ Addition
NAME *	Here her control		3.2 NAME		
STREET ADDRESS	有完 分分		3.3 STREET ADDRESS		经实现的证据
CITY-ST-ZIP TITLE	 	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
			4. 2 NAME	SECTO OF THE SECTED FAMILY CO.	3 (, , , , , , , , , , , , , , , , , ,
NAME STREET ADDRESS	Harris Commence		4.3 STREET ADDRESS		,
CITY-ST-ZIP	(*	.*	4.4 CITY-ST-ZIP		
`TITLE		☐ DELETE	5.1 TITLE	 	☐ Change ☐ Addition
NAME	· ·		5.2 NAME		
STREET ADDRESS	an a		5.3 STREET ADDRESS		}
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST-ZIP		
TITLE	English	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	THE STATE OF THE S		6.2 NAME		
STREET ADDRESS		•	6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-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 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.

SIGNATURE

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

305/688-919 Daytingle Phone #

CR2F034 (11/0)