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

PROFIT CORPORATION -ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P95000097152**1. Corporation Name

MEDIATION ASSOCIATES, INC.

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90011 013 ***150.00



Principal Place of Business	Walling Address			
3220 SW 52ND AVE	8220 SW 52ND AVE			
MIAMI FL 33143	MIAMI FL 33143		DO NOT WRITE IN THIS	SPACE
THE PARTY OF THE P				
	* *		3. Date Incorporated or Qualifed	
			12/19/1995	
O District of Physics of	2a. Mailing Address		4. FEI Number	Applied For
2. Principal Place of Business	· 		65-0631495	Not Applicable
ri	26			\$8.75 Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
	27	 		
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
20	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year into	angible
_ 	29	30	Personal Property Tax.	Yes No
24 25			10. Name and Address of New Registered	Agent
9. Name and Address of Cu	Henricolister value	81 Name		1
COLOUV ANDROW	\$ 26 C C C C C C C C C C C C C C C C C C	1		
COLSKY, ANDREW		82 Street Add	dress (P.O. Box Number is Not Acceptable)	.
8220 SW 52ND AVE	-		A STATE OF THE STA	THE ST. LEWIS CO. ST. CO. LEWIS CO.
MIAMI FL 33143		83	建設 经基础 经	
*	÷	121 2		85 Zip Code
		84 City	FL	as Zip cods
mana the series agree		Ab - ab aug - amad sar	recretion submits this statement for the purpose of	changing its registered
11. Pursuant to the provisions of Sections 607	0502 and 607,1508, Florida Statut	es, the above-hamed col hithorized by the corpora	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoi	ntment as registered
agent I am familiar with, and accept the ol	blooming of, Section 607.0505, Flo	orida Statutes.	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoi	a a
1 al-	Mar Park	-		
SIGNATURE Signature, typed or printed name of registery	agent and title if applicable. (NOTE	Registered Agent signature requi	red when reinstating) , DATE	
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
DDI CT	☐ DELETE	1.1 TITLE	<u>*</u> *	Change Addition
	***************************************	1.2 NAME	•	•
NAME COLSKY, ANDREW				
STREET ADDRESS 8220 SW 52ND AVE	•	1.3 STREET ADDRESS		• 1
CITY-ST-ZIP MIAMI FL 33143		1.4 CITY-ST-ZIP		Change Addition
TITLE S	DELETE	2.1 TITLE		☐ Change ☐ Addition
COLORY ANDDEW		2.2 NAME	•	
AANA OUU EOUE AUE	•	2.3 STREET ADDRESS		
STREET ADDRESS 8220 SW 52ND AVE				
CITY-ST-ZIP MIAMI FL 33143		2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
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NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS	4. 人名英格兰人姓氏克勒斯特的变体	第二种维护可读
95a(1) 1 1 3 y 7 3		3.4. CITY-ST-ZIP		問題的報酬是
CITY-ST-ZIP			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second second second
TITLE	□ nel ete	41 (111)	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	🖟 🔃 Chẳnge 🥶 🗀 Addition
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STREET ADDRESS	☐ DELETE	4. 2 NAME	, , , ;	Change 2.7 [1] Addition
	☐ DELETE		, , , ; · · · · · · · · · · · · · · · ·	N [] Change → → [] Addition
	☐ DELETE	4. 2 NAME	, , , ,	•
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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 empoyered 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.