

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  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90063 012 \*\*\*150.00

DOCUMENT # P95000097899

1. Corporation Name

VIRGIN ENTERPRISES LTD., INC.



Principal Place of Business

3800 SOUTH OCEAN DRIVE APT. 1720  
HOLLYWOOD FL 33019

Mailing Address

P. O. BOX 80-0346 N/A  
MIAMI FL 33280  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 201 So. BISCAYNE BLVD.

Suite, Apt. #, etc.

22 1700 MIAMI CENTER

City & State

23 MIAMI, FLORIDA

Zip

24 33131

Country

25 U.S.A.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip

29

Country

30

3. Date Incorporated or Qualified

12/29/1995

4. FEI Number

65-0631527

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

HOROWITZ, FLORENCE  
3800 SOUTH OCEAN DRIVE APT. 1720  
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name

STEVEN I. KALISKY

82 Street Address (P.O. Box Number is Not Acceptable)

83

3800 So. OCEAN DRIVE

84 City

HOLLYWOOD

FL

85 Zip Code

33019

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 office or 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.

SIGNATURE STEVEN I. KALISKY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when first stating)

3-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME HOROWITZ, FLORENCE

STREET ADDRESS 3800 SOUTH OCEAN DRIVE APT. 1720

CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE VSTD ☐ DELETE

NAME KALISKY, STEVEN I

STREET ADDRESS 3800 SOUTH OCEAN DRIVE APT. 1720

CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-99 305-937-4225

CR2E034 (1/98)

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