

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  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90205 012 \*\*\*150.00

DOCUMENT # P96000012732

1. Corporation Name  
MANCHILD, INC.



Principal Place of Business  
2601 S. BAYSHORE DRIVE  
SUITE 1600  
MIAMI FL 33133

Mailing Address  
2601 S. BAYSHORE DRIVE  
SUITE 1600  
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1743 Michigan Ave #3  
Suite, Apt. #, etc.

2a. Mailing Address

26 1743 Michigan Ave #3  
Suite, Apt. #, etc.

23 City & State

23 Miami Beach, FL

27 City & State

27 Miami Beach, FL

24 Zip

24 33139

25 Country

25 USA

29 Zip

29 33139

30 Country

30 USA

3. Date Incorporated or Qualified

02/09/1996

4. FEI Number

65-0657659

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$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

KWARTIN, STEVEN M  
2601 S. BAYSHORE DRIVE  
SUITE 1600  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name Steven Kwartin  
82 Street Address (P.O. Box Number is Not Acceptable)  
1743 Michigan Ave #3

83  
84 City Miami Beach

FL

85 Zip Code

33139

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Steven Kwartin

4-28-99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BROWN, DEMETRIUS  
STREET ADDRESS % KWARTIN, 1743 MICHIGAN AVENUE, #3  
CITY-ST-ZIP MIAMI BEACH FL 33133

TITLE VPD  
NAME BUENO, ROGER  
STREET ADDRESS % KWARTIN, 1743 MICHIGAN AVENUE, #3  
CITY-ST-ZIP MIAMI BEACH FL 33133

TITLE VPD  
NAME HAASE, ERIC  
STREET ADDRESS % KWARTIN, 1743 MICHIGAN AVENUE, #3  
CITY-ST-ZIP MIAMI BEACH FL 33133

TITLE VPTS  
NAME KWARTIN, STEVEN  
STREET ADDRESS % KWARTIN, 1743 MICHIGAN AVENUE, #3  
CITY-ST-ZIP MIAMI BEACH FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

Date

305-970-0015

Daytime Phone #

CR2E034 (11/98)

0192971