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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## Mar 11, 1999 8:00 am Secretary of State Katherine Harris 03-11-1999 90099 035 \*\*\*150.00

DOCUMENT # **P96000020792** 1. Corporation Name

	INC.					
Principal Place	e of Business	Mailing Address				
1464 WASHINGTON AVE MIAMI BEACH FL 33139		1464 WASHINGTON AVE MIAMI BEACH FL 33139 US		DO NOT WRITE IN TH	HIS SPACE	
US		US		3. Date Incorporated or Qualifed		<del></del>
				03/06/1996	•	
2. Principal P	ace of Business	2a. Mailing Address	<del></del>	4. FEI Number	A	oplied For
21		26		65-0648585	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75	Additional
22		27		5. Certificate of Status Desired	Fee R	equired
City & Stat	3	City & State		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25	29 3		Personal Property Tax.	<b>X</b> Yes	□No
24	9. Name and Address of Curre	<del>  </del>		10. Name and Address of New Register	<u> </u>	
			81 Name		,	
BEN	nett, John G		82 Street Ac	dress (P.O. Box Number is Not Acceptable)		
1464 WASHINGTON AVE			62 Street At	laress (P.O. Box Number is Not Acceptable)		
MIAI	AI BEACH FL 33139		83			
					[n=[ **:-	Code
office or r	egistered agent, or both, in the State	e of Florida. Such change was auti	norized by the corpora	rporation submits this statement for the purpose statement for the purpose accept the ap	of changing its	s registered
office or r agent. I a SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the obliging Signature, typed or printed name of registered ag	a of Florida. Such change was auti- ations of, Section 607.0505, Florid ent and title if applicable (NOTE. R	s, the above-named of horized by the corpora la Statutes.	progration submits this statement for the purpose station's board of directors. I hereby accept the ap	of changing its pointment as re	s registered egistered
office or r agent. I a SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig- Signature, typed or printed name of registered age	e of Florida. Such change was auti- ations of, Section 607.0505, Florid ent and title if applicable (NOTE: R ND DIRECTORS	to, the above-named contribution of the corporation	rporation submits this statement for the purpose stion's board of directors. I hereby accept the ap	of changing its pointment as re	s registered egistered
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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 app th an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Seviette

Change

Addition