05-01-1999 90088 008 ***150.00

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

P96000036407 DOCUMENT # 1. Corporation Name

Principal Place of Business 200 S. BISCAYNE BLVD. 20TH FLOOR MIAMI FL 33131 US Mailing Address 200 S. BISCAYNE BLVD. 20TH FLOOR MIAMI FL 33131 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					04/22/1996		
	ace of Business	2a. Mailing Address		4. FEI Number	<u> </u>	plied For	
21		26		65-0659917		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required		quired	
City & State	9	City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.	☐ Yes	⊠ No
	9. Name and Address of Curren				10. Name and Address of New Register	ed Agent	
o. Hallo dita Para San San San San San San San San San Sa				Name			
ROSSZ FUI CORPORATION					(D.O. D. Al., havin Net A	·	
200 S. BISCAYNE BLVD., 20TH FLOOR			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33131			83				
muum i E oo io i			1)		·	Ì
	•		84	City	·	85 Zip C	Code
	 	· · · · · · · · · · · · · · · · · · ·		<u> </u>			rogistored
agent. I ai	egistered agent; or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	tions of, Section 607.0505, Fion	ida Statules	••	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	·	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	DPST	DELETE 1.1				Change	☐ Addition
NAME !	BOUCHOUCHA, ALAIN W ADDRESS 200 S. BISCAYNE BLVD., 20TH FLOOR		1.2 NAME				}
STREET ADDRESS			1.3 STREET ADDRESS			•	
CITY-ST-ZIP			1.4 CITY-S	T-7IP			9
TITLE	AS DELETE			2.1 TITLE		Change	Addition
ļ	AU .		2.2 NAME				
NAME			ł.	TADDOESS	•		
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	MIAMI FL 33131	DELETE "	2.4 CITY-5	S1-ZIP		' Change	☐ Addition
TITLE	•	- DETE 1E	1	1	,	_ 5,,5,,3	
NAME			3.2 NAME		,		
STREET ADDRESS	•		3.3 STREE	TADDRESS			
CITY-ST-ZIP	· · ·		3.4. CITY-S	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	· .		4.2 NAME	}		•	
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE			5.1 TITLE		,	☐ Change	☐ Addition
NAME ,			5.2 NAME		,		
STREET ADDRESS	: :		5.3 STREE	T ADDRESS			
ļ i	· ·		5.4 CITY-S	it-zip			}
City-St-ZiP	, .		****				

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

305 358 7605

Change

Addition