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

DOCUMENT # **P96000050454**1. Corporation Name

PIAR, INC.

Principal Place of Business Mailing Address						
7400 NW 7 ST., #105 7400 NW 7 ST., #			7 ST., #105			
MIAMI FL 33126	3	MIAMI FL	MIAMI FL 33126			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						06/11/1996
2. Principal Place of Business 2a. Mailing Address			g Address			4. FEI Number 65 - 06 72 233 Applied For Not Applicable
21 26						
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required.
City & State City & State			State			6. Election Campaign Financing \$5.00 May Be
23	·	28	8			Trust Fund Contribution Added to Fees
Zip	CountryZip			Country		This corporation owes the current year Intangible
24	25 29 30				Personal Property Tax. Yes No	
	9. Name and Address of Cu	rrent Registered	Agent			10. Name and Address of New Registered Agent
044	AAN OFORCE			81	Name	·
SAMAAN, GEORGE				82 Street Address (P.O. Box Number is Not Acceptable)		Address (P.O. Box Number is Not Acceptable)
) NW 7 ST., #105		<u> </u>		<u> </u>	<u> </u>
MIAN	VII FL 33126			83	İ	
				84	City	FL 85 Zip Code
SIGNATURE	m familiar with, and accept the of	~~~	lan		_	guired when reinstating) DATE
12.		S AND DIRECTOR		13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	, DP		☐ DELETE	I.1 TITLE	1	Change Addition
NAME	SAMAAN, GEORGE			2 NAME	1	
STREET ADDRESS	7400 NW 7 ST., #105				T ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126			1.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE			_	2.1 TITLE		Change Douglast
NAME				2.2 NAME		•
STREET ADDRESS				÷ - :	TADDRESS	المان المان المان المان المستود المستو
CITY-ST-ZIP				2.4 CITY-9 3.1 TITLE	T-ZIP	☐ Change ☐ Addition
TITLE				3.1 HILE 3.2 NAME		
NAME					T ADORESS	
STREET ADDRESS						
CITY-ST-ZIP				3.4. CITY-5 4.1 TITLE	1-21	☐ Change ☐ Addition
TITLE	,			4. 2 NAME		, , , , , , , , , , , , , , , , , , , ,
NAME					T ADORESS	}
STREET ADDRESS						
CITY-ST-ZIP TITLE	<u> </u>			4.4 CITY-S 5.1 TITLE	1-21	☐ Change ☐ Addition
NAME				5.2 NAME		₹; * -
			L		T ADDRESS	,
STREET ADDRESS	,			5.4 CITY-S		
CITY-ST-ZIP TITLE		 		6.1 TITLE		☐ Change ☐ Addition
NAME .	f for			6.2 NAME	İ	, — . —
COULCE VODDECC			· .	3.3 STREE	T ADDRESS	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED Apr 02, 1999 8:00 am Secretary of State

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