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 # P96000051058

1. Corporation Name

TRIPLE FFF INVESTMENTS, INC.

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90073 023 ***150.00



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Principal Place of Business Mailing Address						i indiido iin inin asiis dain aniii anii	BEIG #1191 1184	MANA AT	101 (0)1 (00)	
C/O LESLIE AL	LAN ROZENCWAIG. P.A. BRD AVENUE #960	C/O LESLIE ALAN ROZENCWAIG. P.A. 1 SOUTHEAST 3RD AVENUE #960 MIAMI FL 33131				DO NOT WRITE IN	THIS SPACE	<u> </u>		
				3. Date Incorporated or Qualifed						
		A Marian Adding				06/14/1996 4. FEI Number Applied For				
	ace of Business	2a. Mailing Address				**	Not Applicable			
21		Suite, Apt. #, etc.				65-0683781	\$8.75 Additional			
Suite, Apt. #, etc.		27 Suite, Apr. #, etc.	—			5. Certifcate of Status Desired	Fee Required			
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees			
Zip	Country			untry		8. This corporation owes the current year Intangible				
24	25	— · —	30			Personal Property Tax. Yes No				
	9. Name and Address of Current Registered Agent			10. Name and Address of New Registere				d Agent		
	2	<u> </u>		81 Nar	ne				7	
ROZENCWAIG, LESLIE A				00 0:		o (D.O. Boy Number is Not Assessable)	 :-			
C/O		82 Street Addre			ss (P.O. Box Number is Not Acceptable)					
STE			ĺ	83						
MIAN	II FL 33131 ,		Ì	84 City	,		FL 85	Zip Co	ode	
	- 41	and 607 1509 Florida Statutes	the ab	ove-nam	ed comor	ration submits this statement for the ourpo	se of changi	na its re	egistered	
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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TE AND DID	CTOD	1C IN 12					
12.	OFFICERS AND DIRECTORS D DELETE		13.			ADDITIONS/CHANGES TO OFFICER	Ch		Addition	
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NAME	ROZENCWAIG, LESLIE A		1.2 NAME			•				
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		4 41 1 mm			-4-4 :- 0-	sation 140507/2\(ii) Florida Statutes furth	or cortifu tha	t the in	formation	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(3)(i). Florida Statutes. I further certify that the informati indicated on this annual report of supplemental annual report is girrue and accurage 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 of trustee impowered to execute this report as required to chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR