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May 03, 1999 8:00 am  
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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000054909

1. Corporation Name  
CHAYIM KESSLER, C.P.A., P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 329 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140  
Mailing Address: 329 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140

3. Date Incorporated or Qualified: 06/27/1996

2. Principal Place of Business: 1440 79th St. (SW) Suite # 302 Miami Beach, FL 33141 USA  
2a. Mailing Address: 1440 79th St. (SW) Suite # 302 Miami Beach, FL 33141 USA

4. FEI Number: 65-0677343  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation owes the current year Intangible Personal Property Tax: No

9. Name and Address of Current Registered Agent: KESSLER, CHAYIM 329 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140

10. Name and Address of Now Registered Agent: Kessler, Chayim 1440 79th St. (SW) # 302 Miami Beach FL 33141

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] DATE: 4/22/99

12. OFFICERS AND DIRECTORS  
D KESSLER, CHAYIM 630 N.E. 175 STREET NORTH MIAMI BEACH FL 33162

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] DATE: 4/22/99 DAYTIME PHONE #: 305 867 3610

CR2E034 (11/98)