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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600056657

1. Corporation Name

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90076 047 ***150.00

IÁICAA LIIA	NANCIAL, INC								
Principal Place	e of Business	Mailing Address				- -	f Daile Dila		11 1 00 1 1 00 1
		1334 NORTH WEST 14TH	COURT						
1334 NORTH WEST 14TH COURT 1334 NORTH WEST 14TH CO BOCA RATON FL 33486 BOCA RATON FL 33486						DO NOT WRITE IN THI	S SPACE		
						3. Date incorporated or Qualifed			
						07/01/1996			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied Fo			ed For
—	ace of Business	26				65-0681988	H		pplicable
Suite, Apt.	# ptc	Suite, Apt. #, etc.			-		\$8.7	5 Add	
	my oto.		٠	_		5. Certifcate of Status Desired		Requ	
City & State	e	City & State			-	6. Election Campaign Financing	\$5	00 Ma	av Re
23		28				Trust Fund Contribution		led to F	7
Zip	Country	Zip	Cou	ntry	_	8. This corporation owes the current year li	ntangible		
24	[25]	29	30	•		Personal Property Tax.	Yes]No
	9. Name and Address of Current					10. Name and Address of New Registered	d Agent		
			_	81 (Name				
SEIL	ER, JOHN P ESQ.		'	2	<u> </u>	on (D.O. Boy Number is Not Acceptable)			
2900 EAST OAKLAND PARK BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)					
STE	200			83	_				
	T LAUDERDALE FL 33306								
			,	84	City	F	85	Zip Coo	ae
44 Purcuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statu	ites, the a	bove-r	named corpo	eration submits this statement for the numose of	of changin	g its re	gistered
office or n	registered agent, or both, in the State (of Florida. Such change was	autnorized	i by th	e corporation	n's board of directors. I hereby accept the app	ointment a	s regis	tered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Fi	orida Stati	utes.					{
SIGNATURE		·						_	\
		J 191 - J (NOT	T. Domistered	Amont of	ionature required	unhan remetation) DATE			1
	Signature, typed or printed name of registered agen	<u> </u>	_	Agent si	ignature required		AND DIRE	CTORS	S IN 12
12.	OFFICERS AN	D DIRECTORS	13.		ignature required	ADDITIONS/CHANGES TO OFFICERS A	AND DIRE		S IN 12
12.	OFFICERS AN	<u> </u>	13.	n.e	ignature required				
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12. TITLE NAME STREET ADDRESS	PTD WELHAF, MATTHEW 1334 NORTH WEST 14TH COU	D DIRECTORS	13. 1.1 TI 1.2 NA 1.3 ST	TLE NAME TREET AL	DORESS				
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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: