## 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 # **P96000060068**1. Corporation Name

Principal Place of Business	Mailing Address					
5601 COLLINS AVENUE SUITE 1520 MIAMI BEACH FL 33140	5601 COLLINS AVENUE SUITE 1520 MIAMI BEACH FL 33140					
¬ ·	2a. Mailing Address					
2. Principal Place of Business 1 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.					
Suite, Apt. #, etc.	26 Suite, Apt. #, etc. 27					
Suite, Apt. #, etc.	26 Suite, Apt. #, etc. 27 City & State					
Suite, Apt. #, etc.	26 Suite, Apt. #, etc. 27					

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90248 042 \*\*\*150.00



Applied For

Fee Required \$5.00 May Be

Not Applicable \$8.75 Additional

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

NOT APPLICABLE

5. Certifcate of Status Desired

6. Election Campaign Financing

07/11/1996 4. FEI Number

9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  NOBILE, ANTOINETTE 5601 COLLINS AVENUE SUITE 1520 MIAMI BEACH FL 33140  10. Name and Address of New Registered Agent  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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hareby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hareby accept the appointment as registered segment. I am familiar with, and accept the obligations of, Section 607,0505, 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 hareby accept the appointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hareby accept the appointment as registered agent, or both, in the State of British and accept the obligations of, Section 607,0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the Statement for the purpose of changing its registered office or registered agent, or both in the Statement for the purpose of changing its registered agent.  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 statement for the purpose of changing its registered agent, or both in the statement for the purpose of changing its registered agent, or both in the statement for the purpose of changing its register	23		[28]				Trust rana c	Johnnoulon	<del></del>	- Added	
9. Name and Address of Current Registered Agent  NOBILE, ANTOINETTE 5601 COLLINS AVENUE SUITE 1520 MIAMI BEACH FL 33140  10. Name and Address of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  83 Suite 1520 MIAMI BEACH FL 33140  84 City FL 85 Zip Code  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 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, in the filter of the purpose of changing its registered agent in the filter of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent in significants, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent	Zip	Country	Zip	г	Country		1		rent year Inta		n
NOBILE, ANTOINETTE 5801 COLLINS AVENUE SUITE 1520 MIAMI BEACH FL 33140  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 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 Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD DDELETE  11. TITLE  PD DDELETE  11. TITLE  PD DDELETE  11. TITLE  PD DDELETE  11. TITLE  VD DDELETE  21. TITLE  VD DDELETE  21. TITLE  VD DDELETE  21. TITLE  VD DDELETE  31. STREET ADDRESS  5601 COLLINS AVENUE #1520  MIAMI BEACH FL 33140  DELETE  31. TITLE  SD DDELETE  31. TITLE  SD	24	25	29	30	<u> </u>		_\	<u></u>	·		L]No
NOBILE, ANTOINETTE 5601 COLLINS AVENUE SUITE 1520 MIAMI BEACH FL 33140  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 agent, and not provided name of registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME NISSIM, ELIEZER B SIGNATURE 12. NAME NISSIM, ELIEZER B SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME NISSIM, SOFIA B STREET ADDRESS SOTY: ST. ZP MIAMI BEACH FL 33140 DELETE 12. TITLE 10. Change 14. City 11. TITLE 10. Change 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 12. TITLE 13. TITLE 14. Change 14. City 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. COFFICERS AND DIRECTORS IN 12 TITLE 16. Change 17. ST. ZP NAME NISSIM, SOFIA B 18. STREET ADDRESS SOIT COLLINS AVENUE #1520 19. Change 19. Change 19. Addit		9. Name and Address of Current	Registered A	\gent			10. Name and	Address of New	Registered A	gent	
SIGNATURE  TI. 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 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, 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, 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, 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, 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 of directors. I hereby accept the appointment as 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, 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 of the corporation's board of directors, I hereby accept the appointment as 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, or both appointment as registered agent, or both appointment as registered agent.  ITHE PD	NOE	DI E ANTOINETTE			81	Name					
SUITE 1520 MIAMI BEACH FL 33140  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 agent, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hareby accept the appointment as registered agent, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE    Signature, Typed or prented rearre of registered agent and tile if applicable.   (NOTE Registered Agent agenture required when reinstating)   DATE					82	Street Addre	ess (P.O. Box Num	ber is Not Accept	table)		
MIAMI BEACH FL 33140  B4 City FL B5 Zip Code  TL Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the 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, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  NAME  NISSIM, ELIEZER B  STREET ADDRESS  CITY, ST-ZIP  MIAMI BEACH FL 33140  DELETE  11 TITLE  VD  DELETE  21 TITLE  VD  DELETE  31 TITLE  SD								· · · · · · · · · · · · · · · · · · ·			
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 agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and the first the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, hyped or proted name of registered agent and bits if applicable.   (NOTE: Registered Agent aignature required when reinstating)   DATE					83						
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 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, 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, are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and bite if applicable.  (NOTE: Registered Agent agentary agent and the if applicable.)  (NOTE: Registered Agent agentary agent and the if applicable.)  (NOTE: Registered Agent agentary agent and the if applicable.)  (NOTE: Registered Agent agentary agent and the if applicable.)  (NOTE: Registered Agent agentary agent agent and the if applicable.)  (NOTE: Registered Agent agentary agent agent and the if applicable.)  (NOTE: Registered Agent agentary agent agent and the if applicable.)  (NOTE: Registered Agent agentary agent agent and the interest agentary agent agen	MIAI	MI BEAUTI PE 33 140			84	City				<b>85</b> Zip	Code
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 application of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutor.  SIGNATURE  SIGNAME  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNAME  SIGNATURE  SIGNATUR						,					
Signature, typed or printed name of registered agent and tile if applicable.   NOTE: Registered Agent algebrate required when reinstating)   DATE	office or I	registered agent, or both, in the State of	Florida, Suci	h change was auth:	orized by	the corporatio	oration submits this on's board of directo	s statement for the ors. I hereby acce	e purpose of o	changing its itment as re	registered gistered
12. OFFICERS AND DIRECTORS  TITLE PD   DELETE   1.1 TITLE   Change   Addit   NISSIM, ELIEZER B   1.2 NAME   STREET ADDRESS   GITY-ST-ZIP   MIAMI BEACH FL 33140   DELETE   NAME   NISSIM, SOFIA B   22 NAME   STREET ADDRESS   5601 COLLINS AVENUE #1520   CTY-ST-ZIP   TITLE   VD   DELETE   DELETE   NAME   NISSIM, SOFIA B   STREET ADDRESS   STREET ADDRESS   5601 COLLINS AVENUE #1520   CTY-ST-ZIP   TITLE   SD   DELETE   STREET ADDRESS   NIAMI BEACH FL 33140   DELETE   STREET ADDRESS   STREET ADDRESS   SOFI COLLINS AVENUE #1520   CTY-ST-ZIP   TITLE   NAME   NISSIM, MARCIO B   STREET ADDRESS   STREET ADDRESS   SOFI COLLINS AVENUE #1520   SJ STREET ADDRESS   STREET ADDRESS   SOFI COLLINS AVENUE #1520   SJ STREET ADDRESS   STREET ADDRESS   SOFI COLLINS AVENUE #1520   SJ STREET ADDRESS   STREET ADDRESS   SOFI COLLINS AVENUE #1520   SJ STREET ADDRESS   STREET ADDRESS   SOFI COLLINS AVENUE #1520   SJ STREET ADDRESS   STREET ADDRESS   SOFI COLLINS AVENUE #1520   SJ STREET ADDRESS   STREET ADDRESS   SOFI COLLINS AVENUE #1520   SJ STREET ADDRESS   STREET ADDRES	SIGNATURE	Signature, broad or printed name of registered arent a	and tule if apolicah	le. (NOTE: Rec	gistered Agen	t signature required	I when reinstating)		DATE		<del></del>
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NAME         NISSIM, MARCIO B         32 NAME           STREET ADDRESS         5601 COLLINS AVENUE #1520         3.3 STREET ADDRESS           CITY-ST-ZIP         34. CITY-ST-ZIP           ITILE         □ DELETE         4.1 TITLE           NAME         4.2 NAME           STREET ADDRESS         43 STREET ADDRESS           CITY-ST-ZIP         44 CITY-ST-ZIP				☐ DELETE						Change	Addition
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CITY-ST-ZIP ( ) (Liebs B) Merrin 6.4 CITY-ST-ZIP	*	1 Miles of	Mills	Im-	6.4 CITY-S	T-ZIP			٠		
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 suppliemental 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	14 I horoby	certify that the information supplied with	this filing do	es not qualify for th	e exempt	ion stated in S	Section 119.07(3)(i)	, Florida Statutes	. I further cert	ify that the	information

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 app Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #