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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000062583

ALTIUS, INC.

Principal Place	of Business	Mailing Address				I teament the terms after agent agent agent		************
12260 SW 128T	H ST	12855 SW 136TH AVE						
MIAMI FL 33186 STE 106						·		,
US MIAMI FL 33187						DO NOT WRITE IN THI	S SPACE	
ľ		US			_	3. Date Incorporated or Qualifed 07/25/1996		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Apr	plied For
21 26						65-0686662		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 ∧	
27			<u> </u>			5. Certificate of Claudes Decision		quired
City & State City & State						6. Election Campaign Financing	\$5.00	
23 28						Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Counti	ry		8. This corporation owes the current year I	ntangible	57
24	25	29	30			Personal Property Tax.		⊠ No
	Name and Address of Currer	it Registered Agent				10. Name and Address of New Registered	d Agent	
01.11	A DEDTO		8	1	Name			
OLIVA, BERTO			8	2	Street Addres	ss (P.O. Box Number is Not Acceptable)		
19800 SW 180TH AVENUE STE 439				\perp				
MIAN	/II FL 33187		8	3				
			9	4	City		85 Zip C	Code
					•	· F	L `	
office or re agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was all	ithorized h	iv th	named corpoi ne corporation	ration submits this statement for the purpose o's board of directors. I hereby accept the app	ointment as rec	registered jistered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOTE:	Registered Ag	jent s	ignature required v			
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
TITLE	Р							
NAME	BERTO OLIVA	☐ DELETE	1.1 TITLE	•			Change	Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS