Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90062 028 \*\*\*150.00

## 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 # P96000068176

1. Corporation Name

ADLER PCC. INC.

Principal Place of Business Mailing Address  1400 N.W. 107TH AVENUE 1400 N.W. 107TH AVENUE	
1400 N.W. 107TH AVENUE 1400 N.W. 107TH AVENUE	
MIAMI FL 33172 MIAMI FL 33172 DO NOT WRITE IN THIS SPACE	
3, Date Incorporated or Qualifed	
08/15/1996	
	Applied For
	Not Applicable
Suite And # etc. Suite And # etc.	Additional
Suite, Apr. #, etc.  5. Certificate of Status Desired Fee F	Required
City & State City & State 6. Election Campaign Financing \$5.0	<b>0</b> May Be
23 Trust Fund Contribution Added	to Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible	<b></b>
24         25         29         30         Personal Property Tax.         Yes	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name	
LEVY, JOEL 1400 N.W. 107TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)	
4 MIAMI FL 33172 83	
9 - MIAWI FL 331/2	
84 City	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	ts registered
1 11 Pursuant to the provisions of Sections of 7.0002 and 007.1000, Florida Otatales, are above harries as persons as a section of the provisions of Sections of S	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. Thereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	registerea
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as agent. I am 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. (NOTE: Registered Agent signature required when reinstating)  DATE	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as agent. I am 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. (NOTE: Registered Agent signature required when reinstalling)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	FORS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as agent. I am 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.  (NOTE: Registared Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DPCE  1.1 TITLE  D/P/CEO	FORS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. Thereby accept the appointment as agent. I am 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. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE DPCE  NAME ADLER, MICHEAL  1.2 NAME	FORS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as agent. I am 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. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE DPCE	FORS IN 12
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. Thereby accept the appointment as agent. I am 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. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DPCE  ADLER, MICHEAL  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  DC CEO  CONTINUE TO THE PLANT OF THE PLANT	FORS IN 12  e Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as agent. I am 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. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTITLE  DPCE  ADLER, MICHEAL  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  1.4 CITY-ST-ZIP  TITLE  Change  Chan	FORS IN 12  e Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as agent. I am 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. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTITLE  NAME ADLER, MICHEAL  STREET ADDRESS  LEVY, MIAMI FL  1.3 STREET ADDRESS  LEVY, JOEL  Change  Chan	FORS IN 12  e Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRECTORS INTITLE  NAME  ADLER, MICHEAL  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  1.4 CITY-ST-ZIP  TITLE  EVAS  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  LEVY, JOEL  Change	FORS IN 12  e Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as agent. I am 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. (NOTE: Registered Agent signature required when reinstating)    DATE	FORS IN 12_e Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME  ADLER, MICHEAL  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  1.4 CITY-ST-ZIP  TITLE  EVAS  DELETE  1.1 TITLE  LEVY, JOEL  1.2 NAME  1.3 STREET ADDRESS  LEVY, JOEL  1.4 CITY-ST-ZIP  MIAMI FL  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  1.4 CITY-ST-ZIP  TITLE  ST  DELETE  3.1 TITLE  Change	FORS IN 12 e Addition e Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as agent. I am 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. (NOTE: Registered Agent signature required when reinstating)   DATE	FORS IN 12_e Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's goard of directors. Thereby accept the appointment as agent. I am 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. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME  ADLER, MICHEAL  1.1 TITLE  DPCE  ADLER, MICHEAL  1.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  1.4 CITY-ST-ZIP  TITLE  EVAS  LEVY, JOEL  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  1.4 CITY-ST-ZIP  TITLE  ST  DELETE  3.1 TITLE  3.2 NAME  3.2 NAME  STREET ADDRESS  1.400 NW 107 AVE  3.3 STREET ADDRESS  1.4 CITY-ST-ZIP  TITLE  ST  DELETE  3.1 TITLE  Change	FORS IN 12_e Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as agent. I am 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. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME  ADLER, MICHEAL  11. ITILE  DPCE  ADLER, MICHEAL  11. STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  TITLE  ST  ARRIZURIETA, LUIS  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  ST  ARRIZURIETA, LUIS  3.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  ST  ARRIZURIETA, LUIS  3.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  ST  ARRIZURIETA, LUIS  3.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  ST  ARRIZURIETA, LUIS  3.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  ST  ARRIZURIETA, LUIS  3.3 STREET ADDRESS  CITY-ST-ZIP  MIAMI FL	FORS IN 12 e Addition e Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I floredly accept the appointment as agent. I am 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. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  DPCE  ADLER, MICHEAL  12. NAME  STREET ADDRESS  1400 NW 107 AVE  MIAMI FL  13. STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  14. CITY-ST-ZIP  MIAMI FL  12. NAME  14. CITY-ST-ZIP  MIAMI FL  12. NAME  22. NAME  23. STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  14. CITY-ST-ZIP  MIAMI FL  14. CITY-ST-ZIP  MIAMI FL  15. TITLE  16. Chang  Chan	FORS IN 12 e Addition e Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's open or directors. Thereby accept the appointment as agent. I am 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. (NOTE: Registered Agent signature required when reinstalling)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE DPCE DELETE 1.1 TITLE D/P/C CO XICHANGES TO OFFICERS AND DIRECTORS.  STREET ADDRESS 1400 NW 107 AVE 1.3 STREET ADDRESS 1.1 TITLE DELETE 1.1 TITLE DAME  LEVY, JOEL 1.1 TITLE DAME  STREET ADDRESS 1.1 TITLE DELETE 1.1 TITLE DAME  STREET ADDRESS 1.1 TITLE DELETE 1.1 TITLE DAME  STREET ADDRESS 1.1 TITLE DAME  STREET ADDRESS 1.1 TITLE DELETE 1.1 TITLE DAME  STREET ADDRESS 1.1 TITLE DAME  STREET ADDRESS 1.1 TITLE DELETE 1.1 TITLE DAME  STREET ADDRESS 1.1 TITLE DAME  STREET ADDRESS 1.1 TITLE DELETE 1.1 TITLE DAME  STREET ADDRESS 1.1 TITLE DAME  STREET ADDRE	FORS IN 12 e Addition e Addition
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as agent. I am 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. (NOTE: Registered Agent signature required when reinstalling)   DATE	FORS IN 12 e Addition e Addition
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board or directors. Thereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature required when reinstating)   DATE	FORS IN 12 e
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. History accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  DPCE OFFICERS AND DIRECTORS  DELETE 1.1 TITLE DPCE ADLER, MICHEAL 1.2 NAME STREET ADDRESS CITYSTZIP MIAMI FL 1.3 STREET ADDRESS CITYSTZIP TITLE EVAS DELETE 1.4 TITLE UPV, JOEL 1.4 CITYSTZIP  TITLE ST ARRIZURIETA, LUIS STREET ADDRESS CITYSTZIP MIAMI FL 1.4 CITYSTZIP TITLE ST ARRIZURIETA, LUIS STREET ADDRESS CITYSTZIP MIAMI FL 1.4 CITYSTZIP  TITLE ST ARRIZURIETA, LUIS STREET ADDRESS CITYSTZIP MIAMI FL 1.4 CITYSTZIP  TITLE ST ARRIZURIETA, LUIS STREET ADDRESS CITYSTZIP MIAMI FL 1.4 CITYSTZIP  TITLE ARRIZURIETA, LUIS STREET ADDRESS CITYSTZIP MIAMI FL 1.4 CITYSTZIP  TITLE ARRIZURIETA, LUIS STREET ADDRESS CITYSTZIP MIAMI FL 1.4 CITYSTZIP  TITLE AS ADLER, LINDA K STREET ADDRESS CITYSTZIP MIAMI FL DELETE 5. TITLE 5. T	FORS IN 12 e
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. History accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature   Signature required when reinstating)   DATE	FORS IN 12 e

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 received 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 or an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

IRE REQUIRED IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

392-405

☐ Change

Addition