## 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

## FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90055 008 \*\*\*\*150.00

## DOCUMENT # P96000070834

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100 N BISCAY	NE BLVD #703	100 N. BISCAYNE BLVD						
MIAMI FL 3313		SUITE 703			[			
บร		MIAMI FL 33132				RITE IN THIS	SPACE	
	`	US			3. Date Incorporated or Qualife	ed		
					08/26/1996			
	Place of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26			65-0688233	<del></del> -		lot Applicable
Suite, Apt.	. #, etc	Suite, Apt. #, etc.			5. Certifcate of Status Desired			Additional lequired
22 City & Sta	to	27 City & State						
23		28			-6. Election Campaign Financing Trust Fund Contribution	ت ا		May Be —— to Fees
Zip	Country	Zip	Country		<del></del>	errent woor Into		torees
24	25		30		<ol> <li>This corporation owes the cu Personal Property Tax.</li> </ol>	ineni year inta	Yes	□No
	9. Name and Address of Current				10. Name and Address of New	Registered A		
			81 Na	ame				
	LIKHES, ALEKSANDER	. 173	20 0		(0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	-1-112	<u>. ;</u>	
874	9 SW 137 AVE	Burney Comment	<b>82</b> St	reet Addres	ss (P.O. Box Number is Not Accer	ptable)		
MIA	MI FL 33183		83			( ) s; ;		· 图1. 第2.1第1
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			<b>84</b> Ci	ty	, , ,	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-na	med corpor	ration submits this statement for th	ne purpose of c	hanging its	s registered
11. Pursuant office or	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	and 607.1508, Florida Statute f Florida. Such change was au ons of Section 607.0505. Flor	s, the above-na- ithorized by the ida Statutes.	med corporation	ration submits this statement for the 's board of directors. I hereby acc	e purpose of cept the appoin	hanging its tment as re	s registered egistered
i	to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligation	and 607.1508, Florida Statute f Florida. Such change was au ons of, Section 607.0505, Flor	es, the above-na athorized by the dida Statutes.	med corporation	ration submits this statement for the 's board of directors. I hereby acc	ne purpose of concept the appoin	changing its tment as re	s registered egistered
11. Pursuant office or 08 agent. I a SIGNATURE	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	sonocer	es, the above-na thorized by the ida Statutes. Registered gent sign	Kort	F5	ne purpose of cept the appoin	changing its tment as re	s registered egistered
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SIGNATURE	Signature under or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Igent sign	Kort	when reinstating)	OI / C	79/9	9
SIGNATURE	Signature, pried of printed name of registered agent OFFICERS AND P LADOWSKI, LESZEK	and title if applicable. (NOTE:	Registered (gent sign) 13.	Kort	whith reinstating) : ADDITIONS/CHANGES TO O	OI / C	DIRECTO	9 ORS IN 12
SIGNATURE  12.  TITLE	Signature, imed of printed name of registered agent OFFICERS AND P LADOWSKI, LESZEK 100 N BISCAYNE BLVD #703	and title if applicable. (NOTE:	Registered Agent signs 13. 1.1 TITLE	Kort	whith reinstating) : ADDITIONS/CHANGES TO O	OI / C	DIRECTO	9 ORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY- ST-ZIP	Signature, med of printed name of registered agent OFFICERS AND P LADOWSKI, LESZEK 100 N BISCAYNE BLVD #703 MIAMI FL	and title if applicable. (NOTE: D DIRECTORS  DELETE	Registered Joent sign 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDI 1.4 CITY-ST-ZIP	Kort	whith reinstating) : ADDITIONS/CHANGES TO O	OI / C	D DIRECTO	ORS IN 12
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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:

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIDECTOR

01/04/99 (305/3585052)
Dayting Phone #