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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600072216

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90094 019 ***150.00

1. Corporation	n Name					
SISTER'	S ENTERPRISE, INC.					
				I CHANTAN ING CRICK BOTT BRITT BAILT SAIRT BI	PALL P arilo Fl a ud (f ai d)	HEIR BUR IRR
Principal Plac	e of Business	Mailing Address		גם נווסס זונקס ונגנים ונווס הווסו סוו והפונספו ו	נפטוג קינקגו טוקקן ונון	TABARO UNIN ANDI
TWO SOUTH B	BISCAYNE BLVD.	TWO SOUTH BISCAYNE B	LVD.	·		
ONE BISCAYNE TOWER #3400 ONE BISCAYNE TOWER #3 MIAMI FL 33131 MIAMI FL 33131				DO NOT MIDITE IN THIS SDACE		
				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
	• •			'		
a Dissipal D	Place of Business	2a. Mailing Address		08/29/1996 4. FEI Number		-tiped Fran
├─ '	race of Business	⊢ •			<u> </u>	plied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		65-0694094	\$8.75 A	t Applicable
22	r, 610.	27		5. Certifcate of Status Desired	Fee Re	
City & Stat	te _	City & State		6. Election Campaign Financing	\$5.00	May Re
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24	25	29	30	Personal Property Tax.		Mo _
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Register	ed Agent	
			81 Name			
	DES-FAULI CORPORATE SERVICE	ES, INC.	82 Street Adde	ress (P.O. Box Number is Not Acceptable)		
2 S. BISCAYNE BLVD., #3400 MIAMI FL 33131						
IVILAJI	WI FL 33131		83			
			84 City	F	85 Zip C	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statut	es, the above-named corp	poration submits this statement for the purpose	of changing its	registered
office or re	registered agent, or both, in the State of	f Florida, Such change was a	uthorized by the corporation	on's board of directors. I hereby accept the ap-	pointment as reg	gistered
agent Le	m tamiliar with and account the obligati	one of Section 607 0505. Flo	rida Statutes			-)
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Flo	rida Statutes.			
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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 affacthment with an address, with all other like empowered.

SIGNATURE: