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 # P960 0007 29 58 /OK 1. Corporation Name

May 10, 1999 8:00 am Secretary of State

05-10-1999 90271 002 ***150.00

MAK	CITIOSE HOUSE H	iold Dervi				
Principal, Place	e of Business	Mailing Address		-		
T TITICIPAL F 180		Walling Address				
Luua	La losta pruj	# 20u				
₽ '' ∓	OF TOIL	72/17		DO NOT WRITE IN TH	S SPACE	
poca	La Costa Perif Paton Florida	99433		3. Date Incorporated or Qualified 8 28/96	,	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Ar	oplied For
21		26 6444 La Ce	sota Drue	65-0740582	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc. # 20	4	5. Certifcate of Status Desired	•	Additional equired
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28 Flouda		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	_8This corporation owes the current year	ntangible -	
24	[25]		30	Personal Property Tax.	☐ Yes	IZ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent	
1 11.4		ware of	81 Name			
HAR	IA KOSAYIO PAY	raneva				
t-t w.r.	1 0 -1 10.	H JAG	82 Street Addr	ess (P.O. Box Number is Not Acceptable)		
1,40	y La Vosta Armi	71 204	83			
M 1.1	OF EN.	1 771122	63			
Paris	ca kalon thous	(Ca 3343)	84 City		85 Zip (Code
			1 1	F	<u> </u>	
11. Pursuant	to the provisions of Sections 607.0502	and 607 1508, Florida Statutes	s, the above-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its	registered
office or re agent. I a	egistered agent, or boyr, in the State o m familiar with, and accept the obligation	or Flored. Such change was autions of /2 ection 607.0505. Flore	inorized by the corporational and Statutes.	on's board of directors. I hereby accept the appl	omiment as re	gistered
	The DALLO	Darrame a	a Prepio	len 4/27 / 99		
SIGNATURE	Signature, typed or printed name of registered agent	and tifle if applicable (NOTE: F	Registered Agent signature require	d when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	Vinday t	☐ DELETE	1.1 TITLE		Change	☐ Addition
NAME	residen	- Commental	1.2 NAME			
STREET ADDRESS	MAY/A KOSKI	10 Barraneda	1.3 STREET ADDRESS			- 1
ļ	buch La Pota de	wit # 204 33				ļ
CITY-ST-ZIP	Boca fator & lo	uda 33432	1.4 CITY-ST-ZIP		Change	Addition
TITLE	•	□ Dece ie	2.1 TITLE		Criange	L Addition
NAME			2.2 NAME			ĺ
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CITY-ST-ZIP			2.4 CITY-ST-ZIP			
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NAME	•		32 NAME			
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TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			}
STREET ADDRESS			6.3 STREET ADDRESS			
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CITY-ST-ZIP			6.4 CITY-ST-ZIP			

I nereby 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 ooth; 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 attackment with an address, with all other like empowered.

SIGNATURE: