PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P96000096854

FLORIDA DEPARTMENT OF STATE

Katherine, Harrii

Secretary of State

DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

Katherine, Harrii

Secretary of State

02-23-1999 90103 039 ***150.00

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Principal Place	e of Business	Ma	illing Address			itt fittif iftef first sacet metr gent ihme
			3 SOUTH BAYSHORE	nBK/E		
2843 SOUTH BAYSHORE DRIVE 2843 SOUTH BAYSHORE DRI 16-F 16-F			Autre			
COCONUT GROVE FL 33133 COCONUT GROVE FL 33133			33	DO NOT WRITE	N THIS SPACE	
US US			Date Incorporated or Qualified	1		
					11/20/1996	
2. Principal Pi	lace of Business	Za,	Mailing Address	<u></u>	4. FEI Number	Applied For
21		26			65-0729853	Not Applicable
Suite, Apt. :	#, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27				
City & State	9	28	City & State		Election Caropaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Zip	Country	8. This corporation owes the current	year Intangible
24	25			30	Personal Property Tax.	Yes No
<u> </u>	9. Name and Address	of Current Regist	tered Agent	1	10. Name and Address of New Reg	stered Agent
				81 Name	ngo Ungo	
MILK	CH. LEELESO N				rge Hane	
	O BISCATNE BLVD			82 Street A	ddress (P.O. Box Number is Not Acceptable	2
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1	to the provisions of ection	is 607.0502 and 60 the State of Florida	07.1508, Florida Statul a. Such change was a Section 60%0505. Flo	tes, the above-named of authorized by the corporation Statutes.	corporation submits this statement for the pure ration's board of directors, I hereby accept the	pose of changing its registered e appointment as registered
11. Pursuant to office or re agent. Lai	to the provisions of Agetion edistated adent for colh, in the milier with, and accept	is 607.0502 and 60 the State of Florida the obtainions of,	07.1508, Florida Statul a. Such change was a Section 607.0505, Flo	tes, the above-named outhorized by the corporation Statutes.	corporation submits this statement for the pureration's board of directors. I hereby accept the	pose of changing its registered eappointment as registered
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4. I hereby certify that the information supplied with this filling bees 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 brighted annual report is frue 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 theicopropriation of the pecieiver 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 of on a variatechment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 (305)447-9950