Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90139 018 ***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#

1. Corporation Name

Principal Place of Business Mailing Address 2901 COLLINS AVE 2901 COLLINS AVE MIAMI BEACH FL 33140				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 11/25/1996	
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26				65-0814804 N		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				_	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23 28					Trust Fund Contribution	Added to Fees
Zip			Countr	y . 8. This corporation owes the current year Intangible		
24	25	25 29 30			Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	d Agent
			81	Name		
LAZAR, BRUCE E				Street Addr	ress (P.O. Box Number is Not Acceptable)	
2901 COLLINS AVE						
MIAMI BEACH FL 33140				3		
•			84	City		85 Zip Code
				1	FI	
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 its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
1	Il laminar with, and accept the obliga	10113 31, 0001011 001 10003, 1 10111		••		*
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				ent signature require		
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1,1 TMLE			☐ Change ☐ Addition
NAME	LOWENSTEIN, ALFREDO		1.2 NAME	}		
STREET ADDRESS	155 LINCOLN RD.		1.3 STREE	ET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL 14		1.4 C/TY-	ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	ļ		☐ Change ☐ Addition
NAME [COONEY, JOHN W.	•	2.2 NAME		•	J
STREET ADDRESS	169 LINCOLN RD., #318		2.3 STREE	TADORESS -	ما دارد دارد دارد کارسر ما مصورها	س بيد . سيرده ت
CfTY-ST-ZfP	MIAMI-BCH FL		2. 4 CITY-	ST-ZIP		<u>, , , , , , , , , , , , , , , , , , , </u>
TITLE	AS	☐ DELETE	3.1 TITLE	Ì		Change Addition
NAME	Mathia, Judith		3.2 NAME			
STREET ADDRESS	169 LINCOLN RD		3.3 STREE	ET ADORESS		
CITY-ST-ZIP	MIAMI BEACH FL		3.4. CITY-	ST-ZIP		
TITLE	SDVP	☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	LAZAR, BRUCE E.		4. 2 NAME	<u>:</u>		
STREET ADDRESS	2901 COLLINS AVE.		4.3 STREE	ET ADDRESS	•	·• [
CITY-ST-ZIP	MIAMI BCH FL		4.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			1

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

305 5380811

☐ Change

Addition