PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000099353

1. Corporation Name

FREEPORT LIMITED, INC.

Principal Place of Business

Mailing Address

May 06, 1999 8:00 am Secretary of State

05-06-1999 90193 041 ***150.00



MIAMI FL 33131			MIAMI FL 33131					
						DO NOT WRITE IN THIS SP	ACE	
						3. Date Incorporated or Qualifed		1
						12/09/1996		
2. Principal Pla	ace of Business	<u>⊢</u> ¬ '	2a. Mailing Address			4. FEI Number		pplied For
21		26				65-0712433		ot Applicable
Suite, Apt. 1	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State)	City & St	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution Added to Fees		
Zip	Country Zip Co			Country				
24	25 29 30			0	Personal Property Tax. Yes No			
	9. Name and Address of C	urrent Registered Age	nt			10. Name and Address of New Registered Ag	ent	
				81	Name			
	SHALL, DORAN		82 Street Ad		Street A	ddress (P.O. Box Number is Not Acceptable)		
	E FLAGLER ST							
MIAN	11 FL 33131			83		•	-	
				84	City	FI	85 Zip (Code
					L	FL		
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.								
SIGNATURE	*							
	Signature, typed or printed name of registe		(NOTE: R		nt signature rec	quired when reinstating) DATE	DIDECTO	
12.		RS AND DIRECTORS	I DOLLETT	13.		ADDITIONS/CHANGES TO OFFICERS AND I	Change	Addition
ΠTLE	P	L.] DELETE	1.1 TITLE		L	7 ounde	[] Nagilion
NAME	MASHAL, DORAN			1.2 NAME				
STREET ADDRESS	231 E FLAGLER ST				TADORESS			
CITY-ST-ZIP	MIAMI FL 33131		1 DCLETE	1.4 CITY-S	T- ZIP		Change	Addition
TITLE		L,	DELETE	2.1 TITLE	}	L	1 crange	L) Addition
NAME				2.2 NAME	i			1
STREET ADDRESS				2.3 STREE	TADDRESS			{
CITY-ST-ZIP				2.4 CITY-5	ST-ZIP		705	
TITLE		L	DELETE	31 TITLE	ļ	L-	Change	☐ Addition
NAME				3.2 NAME	-			
STREET ADDRESS				33 STREE	T ADDRESS			[
CITY-ST-ZIP				3.4. CITY-	ST-ZIP			
TITLE			DELETE	4.1 TITLE] Change	Addition
NAME				4. 2 NAME	Ì)
STREET ADDRESS				4.3 STREE	TADORESS			1
CITY-ST-ZIP				4.4 CITY-S	ST-ZIP			
TITLE		[DELETE	5.1 TITLE		Ü	Change	☐ Addition
NAME				5.2 NAME				<u> </u>
STREET ADDRESS		·	-	5.3 STREE	TADDRESS -			
CITY-ST-ZIP	•			5.4 CITY-S	T-ZIP			
TITLE			DELETE	6.1 TITLE		Į.] Change	☐ Addition
NAME				6.2 NAME	l			1
STREET ADDRESS			_	6.3 STREE	TADDRESS			
CITY-ST-ZIP			Δ –	6.4 CITY-S	T-ZIP			

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 suppliemental 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 employered 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 a attachment with an address with all other like empowered.

SIGNATURE:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR