## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90023 005 \*\*\*150.00

CLEMA	IIIS FINE AKT, ING.					į					
Principal Plac	e of Business	Mailing Address		_			1 JARILANI LAN IDRA MILLAN FRANCI MALA MANAKA M	10 11010 10100 1	1101 1011 1041		
81 VIA VERO		BI VIA VERONA				- }					
PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418						ļ	DO NOT WRITE IN THIS	SDACE.			
}						)		SPACE		7	
						ļ	3. Date Incorporated or Qualified			1	
Principal Place of Business     2a. Mailing Address						-	01/02/1997 4. FE! Number	110	Applied For	-	
<b>├</b> ─¬ `	iace or business						65-07/6331	<b>-</b> -	lot Applicable	ſ	
Suite, Apt,	# etc		Suite, Apt. #, etc.						Additional	†	
<b>├</b>	π, οιο.	<u> </u>	27				5. Certificate of Status Desired		Required	1	
City & Stat	 e	City & State					6. Election Campaign Financing \$5.00 May Be				
23		28	28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	<u> </u>			$\neg \neg$	8. This corporation owes or has paid the cu	rrent year Ir	ntangible	1	
24	25 29		30						<b>1</b> 00	]	
	g. Name and Address of C	Current Registered Agent					10. Name and Address of New Registered	Agent		1	
CA	RDACI, DIANE			81	Name						
	VIA VERONA		82			ddress (P.O. Box Number is Not Acceptable)					
PA	LM BEACH GARDENS FL 3	3418									
				83						Ì	
				84	City	<del></del> -		<b>85</b> Zip	Code	1	
}				1			FL	<b>-</b>   - }		1	
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508, Florida	Statutes, the a	bove	e-named co	orpor	ration submits this statement for the purpose of	of changing	its registered		
office or f	registered agent, or both, in the im familiar with, and accept the	obligations of, Section 607.05	605, Florida Sta	tutes	, me corpo s.	natioi	n's board of directors. I hereby accept the app	• -	3 regionalea	ļ	
1							4/25/	19 <u> </u>		ļ	
Oldright Office	Signature, typed or printed name of registr	ered agent and title if applicable		d Age	ent signature re	quired	when reinstating) DATE	7	70.41.40	15	
12.	OFFICERS AND DIRECTORS 13.					4	ADDITIONS/CHANGES TO OFFICERS AN	Change		(10/97	
TITLE	DELETE			1.1 TITLE 1.2 NAME			CARDACI	L_1 Change		15	
NAME						DIANE CARDACI			ලි		
STREET ADDRESS				ADDRESS	Я.	MA NOMEH ( BATH	21/ C Z/	334/1	R2E034		
CITY-ST-ZIP		T not s			T-ZIP	3'/	ALM BEACH GARDE	Change	Addition	48	
TITLE	DELETE 2.1T				İ			Change		1	
NAME			2.2 NAM							ł	
	STREET ADDRESS			ADDRESS					ſ		
CITY-ST-ZIP	<del></del>				ST-ZIP			Change	Addition	1	
TITLE			TE 3.1 TO 3.2 N					390			
NAME CYPETA ADDRESS			i i		ADDRESS					1	
STREET ADDRESS											
CITY-ST-ZIP	P 3.4. DELETE 4.1				ST-ZIP			Change	Addition	1	
TITLE								_			
NAME			4.2 N		ADDRESS						
STREET ADDRESS					1					1	
CITY - ST - ZIP		DELF		4.4 CITY - 9 5.1 TITLE				Change	Addition	1	
		0	5.2 N		}						
NAME STREET ADDRESS					ADDRESS						
CITY-ST-ZIP	·			T-ZIP							
TITLE	DELETE 6.1			17 - ZII			Change	Addition	1		
NAME			62 N						_		
STREET ADDRESS					ADDRESS						
,					IT-ZIP						
CITY-ST-ZIP	l .		0.40	0	11 40					4	

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.

**SIGNATURE**