PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700000262

Country

9. Name and Address of Current Registered Agent

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6449 S.W. 132ND COURT CIRCLE

KEARNS, ROBERTA

MIAMI FL 33183-5141

FLORIDA LICENSE ASSOCIATES, INC.

ĺ	Principal Place of Business		
	6449 SW 132 COURT CIRCLE MIAMI FL 33173-5141		

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

Mailing Address

P.O. BOX 831915 MIAMI FL 33283-1915

2a, Mailing Address

City & State

Suite, Apt. #, etc.

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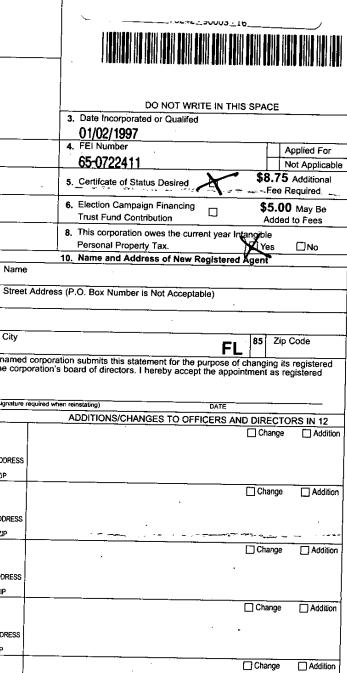
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Zip

FILED Feb 19, 1999 8:00 am Secretary of State

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14 Purguant	to the consistence of October 1		84 City		FL 85	Zip Code
office or r agent. I a	to the provisions of Sections 607.0502 and 607.1508, Flo registered agent, or both, in the State of Florida. Such cha am familiar with, and accept the obligations of, Section 607	rida Statute inge was au 7.0505, Flori	s, the above-named corporation ithorized by the corporation ida Statutes.	oration submits this statement form's board of directors. I hereby	or the purpose of changi accept the appointment	ng its registered as registered
SIGNATURE						
40	Signature, typed or printed name of registered agent and title if applicable.	(NOTE:	Registered Agent signature required	when reinstating)	DATE	
_12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO	O OFFICERS AND DIRE	CTORS IN 12
TITLE		DELETE	1.1 TITLE		☐ Cha	
NAME	BARGANIER, LISA		1.2 NAME		_	
STREET ADDRESS	6449 SW 132ND COURT CIR		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33183		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		☐ Cha	ange Addition
NAME			2.2 NAME		,	inge [] Addition
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2.4 CITY-ST-ZIP			•
TITLE		ELETE	3.1 TITLE		المرابعة المرابعة المستحدة - الم	<u> </u>
NAME	_		3.2 NAME		☐ Cha	ange 🔲 Addition
STREET ADDRESS					•	
CITY-ST-ZIP			3.3 STREET ADDRESS			
TITLE		ELETE	3.4. CITY-ST-ZIP			
NAME			4.† TITLE		☐ Cha	nge Addition
STREET ADDRESS			4. 2 NAME			
CITY-ST-ZIP			4.3 STREET ADDRESS		•	
TITLE		=	4.4 CITY-ST-ZIP			
NAME		ELETE	5.1 TITLE		☐ Char	nge Addition
STREET ADDRESS			5.2 NAME			
f			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE			5.4 CITY-ST-ZIP	•		
	□ Di	ELETE	6.1 TITLE	-	☐ Char	nge
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			.*
 I hereby ce indicated or 	ertify that the information supplied with this filing does not on this annual report or supplemental annual report is true.	ualify for th	e exemption stated in Sec	ction 119.07(3)(i), Florida Statute	es. I further certify that t	he information

Country

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tal 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 accuracy with an address with all other its report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

CR2E034 (11/98)