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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700002414

1. Corporation Name

FILED Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90014 046 ***150.00

CONSTA	ANT FINANCIAL, INC.								
Principal Plac	e of Business	Mailing Address			-			150(I OII	101 (FE)) Q(B) (G)
17140 COLLINS AVE. 17140 COLLINS AVE.									
MIAMI BEACH FL 33160 MIAMI BEACH FL 33160									
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						01/07/1997			
	Place of Business	2a. Mailing Address	Mailing Address			4. FEI Number	Applied For		
21		26				65-0716272	Not Applicable		
Suite, Apt.	#, etc.	⊢	Suite, Apt. #, etc.			5. Certifcate of Status Desired			
22	-	27							
City & State City & State						6. Election Campaign Financing			
Zip Country Zip.			- Cou	ntru		Trust Fund Contribution 8: This corporation owes the current year			U IU Fees
Zip		——————————————————————————————————————		пи у			•	Yes	□ No
24	9. Name and Address of Current	29 Registered Agent	30			Personal Property Tax. 10. Name and Address of New Registere			
	2. Name and Address of Curren	Logistered Agent	_	81	Name		- 3		
KLA	SSMAN, ISABEL								
17140 COLLINS AVE.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
i	MI BEACH FL 33160		Ì	83					
	52 1011 12 00 100			"				_	
				84	City		. 1	85 Zi	p Code
			451		named some	eration submits this statement for the surnosa	of cha		its registered
11. Pursuant office or t	to the provisions of Sections 607.0502 registered agent, or both, in the State (2 and 607.1508, Florida Statut of Florida. Such change was a	tes, the at outhorized	bove 1 by t	i-named corpo the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	ointm	ent as	registered
agent. I a	am familiar with, and accept the obligat	ions of, Section 607.0505, Flo	orida Statu	utes.					
SIGNATURE									
40	Signature, typed or printed name of registered agen		E: Registered	Agent	t signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	ו מאם	NREC	TORS IN 12
12.	OFFICERS AN	D DELETE	_	n c	· · ·	ADDITIONS/CHANGES TO OFFICERS		Chang	
TITLE	_		1	1.1 TITLE 1.2 NAME			_) -	•
NAME									
STREET ADDRESS 7140 COLLINS AVE					ADDRESS	•			
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NAME	•] Chang	e Additi
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CITY-ST-ZIP		DELETE	2.2 NA 2.3 ST	AME IREET	ADDRESS		С] Chang	re ∏ Additi
TITLE			2.2 NA 2.3 ST 2.4 CI	AME IREET ITY-\$1					
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CITY-ST-ZIP		☐ DELETE	2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 NA	AME IREET ITY-ST TLE AME IREET ITY-ST TLE AME	T-ZIP ADDRESS T-ZIP] Chang	ge
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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 of 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 carporation 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 chapted or or an attachment with an address, with all other like empowered.